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ORIGINAL LECTURES.

CLINICAL LECTURE ON THE AFTER-TREATMENT OF PUERPERAL WOMEN.

Delivered at the Philadelphia Hospital

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Reported by W. A. EDWARDS, M.D.

GENTLEMEN,—Last week a woman entered the hospital, a few days after her confinement, in an apparently healthy condition. In forty-eight hours, however, local cellulitis had developed, with excessive pain on pressure, tympany, and a rapid rise of temperature. In other words, puerperal fever had set in, supposed to be due to the absorption of infectious material from the uterine surface, the patient having suffered an acute laceration of the cervix in the confinement. This rapid rise of temperature, the attack setting in so soon after labor, and, withal, the onset being so sudden, with obstinate vomiting, pain, tympanitic distention of intestines, interference with respiration, and the rapid sequence of symptoms which all foreshadowed a fatal result, made her condition indeed difficult to treat. It is here, in a case like the present, that I would most strongly advocate antisepsis and even intra-uterine injections.

Dr. T. Gaillard Thomas presents an article in the *New York Medical Journal* for March 31, 1883, recommending these intra-uterine injections in puerperal septicæmia. His cases are certainly extraordinary, and if they did not come from such authority I should be inclined to doubt the accuracy of the observation. One case was delivered in a perfectly normal manner, without difficulty or assistance. The temperature at the end of the fourth day had risen to 106.5°, and the patient presented all the appearance of puerperal poisoning. There was extensive bilateral laceration of the cervix. The uterus was then washed out with carbolized water every four hours, and the temperature at once fell to 101°; ten grains of quinine were given every eight hours, enough being administered to negative the idea of the high temperature being due to malaria. As soon as the tem-

perature regained 105°, the washings were again ordered and the temperature was reduced in like manner.

Dr. Thomas also remarks that the time has arrived when we should treat puerperal septicæmia upon just as simple a plan as septicæmia of any other kind, by washing the surface where the disease originates with some antiseptic fluid. I desire to lay particular stress upon the temperature-record in cases of this nature; it is the guide-post to prognosis. The fatality of an epidemic or of an individual case is in proportion to the excessive temperature. It is a fact that prolonged high temperature will undoubtedly kill: this is seen in no other disease more decidedly than in the one under consideration.

During my term in this house, some ten years ago, our obstetrical wards were visited by a severe epidemic of septicæmia, introduced by a scarlet-fever patient. I preserved the record of forty cases of high temperature, which all presented much the same symptoms, developing tenderness in the abdomen in a short time after delivery, and in twelve hours the tympanitic distention of the bowels appeared. This abdominal distention is very characteristic, the women looking not unlike the cases of abdominal dropsical effusion which you so frequently see tapped in this clinic-room.

The evening temperature generally was 104°–105°, commonly followed by a chill, with marked signs of impaired circulation, difficult breathing, dyspnoea, local pain, more particularly noticed on pressure; and death usually occurred gradually, in about forty-eight hours, from interference with the circulation: the consciousness was preserved until almost the last moment. In most of these cases you will be able to trace this appalling condition of affairs to a local sore, lacerated cervix, and the introduction of septic material. Of course, in this house the conditions are more favorable for its development; the buildings are old, saturated with germs, and the obstetrical wards but little removed from large surgical rooms which are simply reeking with bacteria, micro-organisms, etc., which are but too ready to be carried across the nominal boundary-line. You will thus readily see that the hospital accoucheur is liable to meet more of these cases than in private practice. In fact, it is rare, in an ordinary normal labor in private practice,

with no laceration or tearing, and when the forceps have not been used, to meet with excessively high temperature after delivery. From the foregoing remarks you will readily appreciate that the practical point of this lecture hinges upon the *treatment*.

First and foremost, I believe that many of the cases that we hear of septic trouble are due to meddling widwifery; for I venture to say that very many of the forceps cases are meddling midwifery. I advance this statement from actual observation. I am also convinced that forceps are too much used, and that they are frequently had recourse to not so much for the patient's weal as for the doctor's convenience.

In primiparæ, owing to various causes, too rapid labor may occur, the head passing the os before it is fully or widely dilated, and in consequence a laceration is produced, which directly favors the entrance of septic matter and its attendant train of evils.

Let me impress upon you the fact that you hold the lives of your puerperal patients literally in your hands, and that the practitioner cannot be too careful regarding cleanliness, especially as a busy man may be tempted to go at once from a scarlatinous patient, for example, to a labor case, when he may in all probability encounter an adherent placenta, leading him to introduce his hand, teeming with disease-germs, into the womb, and laying the patient open to grave danger of blood-poisoning.

Listerism shows marked results in reducing the prevalence or liability of septicæmia, though in my opinion the nail-brush, soap, and water are quite as valuable as carbolic acid, if used frequently enough. I must confess that puerperal fever is too often simply another and high-sounding name for carelessness. I do not advocate the delivery of women under the spray, nor am I satisfied as to the efficacy of carbolic acid unless carried down and laid directly on the septic centre.

Causes.—Septic material and a denuded surface for its entrance, as an abrasion of the mucous membrane, represent the slow-match and the train. In primiparæ this mucous tissue will stretch but little; longitudinal vaginal tears or rents are therefore frequently seen, and in many cases lacera-

tion of the cervix occurs. We then have the most favorable condition offered for the production of septicæmia and hyperpyrexia: as the cervix is high up, it requires more attention in order to keep clean, and the anatomy of the part is particularly favorable to the absorption of any matter in contact with it.

For the prevention of this undesirable condition I will mention three means:

First, prevent the access of septic matters to denuded tissues by cleanliness.

Second, make proper application of antiseptics to local abrasions.

Third, administer drugs which act directly on the uterine tissue, preventing the absorption of septic material by causing contraction.

After labor you should find the womb firm, hard, and globular; after a time it will relax, become larger, the cavity opens, and the sinuses again become patulous. It is now that the septic material gains entrance and starts on its death-dealing path. Here we find the indication for drugs.

Fordyce Barker some ten years ago insisted upon keeping the womb firmly contracted, and showed very conclusively the value of ergot, nux vomica, quinia, and iron,—in fact, of all drugs which contract tissue and act on unstriated muscle-fibre.

You will find great diversity of opinion in regard to the action of these drugs; for example, some claiming for quinine a powerful oxytocic action, others stoutly denying it, and advancing as an argument the fact that Southern women while pregnant take large quantities of the drug, made necessary by their malarial climate, without any bad effects.

A paper published in France in 1872 or 1873 probably gives us the true explanation of the action of these two substances. By experiments on animals it was found that ergot did act upon the uterus, provided that it was determined to that organ by some irritation, and if this irritation did not exist it would not act. So with quinine. The conditions are the same in the human female as in the animal with the artificially-irritated womb. We thus find that ergot and quinine will be determined to the organ, in the case of the former, at all events, producing decided contraction. High temperature is a danger in itself, as it produces acute fatty degeneration of the cardiac and uterine muscular fibre and of

that of the intestinal canal; in fact, all the essential muscles succumb to this pathological action; as a result we have meteorism, attended by its disastrous consequences that I have already referred to. *The womb in this condition is unable to contract.* The knowledge of this fact is, I take it, the touchstone in guiding the case to a successful termination, and this point escapes many in their after-treatment of these cases. Some authorities say that this degeneration is due to fever-poison coursing through the circulation, as seen in the typhoid-fever heart; but, according to my interpretation, hyperpyrexia is the root of the trouble.

Death will rapidly occur, occasionally from excessive meteorism, but generally from extreme prostration; and, as this latter condition is due to a burning up of the tissues, the important indication is to depress rapidly the temperature, prevent absorption from abraded surfaces, secure proper contraction of the womb, and relieve local symptoms. First and foremost, we should aim to secure an abundant supply of pure fresh air, make the patient as comfortable as possible under the circumstances, and administer full doses of quinine as an antipyretic and for its beneficial tonic action on the nervous system, as we know the uterus is so dependent on nerve-influences, and, furthermore, as the contractions are entirely involuntary. You may also use cold applications, spraying, etc., or the cold coil, which is so popular with English accoucheurs.

I usually, especially in this house, make it my routine practice to administer quinine and ergot immediately after labor, believing, as I do, that they exert a specific action on the womb.

I also deem it expedient to exhibit small doses of light cathartics, more especially when we are treating high temperature, a dry coated tongue, etc. Calomel is usually selected, in doses of $\frac{1}{16}$ — $\frac{1}{12}$ — $\frac{1}{8}$ gr., rubbed up with sugar of milk, and taken every half-hour until a decided action on the bowels is secured, when the thermometer will register a marked fall in the temperature and your patient will feel much more comfortable. I always administer this calomel treatment, even after we have sewed up the perineum, for example. I do not at all advocate putting the bowels "in a splint," as our patients are decidedly more comfortable by having a daily evacuation, and,

furthermore, there is less chance of tearing out the stitches. It is my practice to require the bowels of a parturient female to be opened before labor; but this, of course, is difficult to regulate in private practice.

As I have already told you, an important indication is to give drugs which will promote uterine contraction. The following I find is the most acceptable way to administer them:

R Ext. ergotæ fl., f3iii;
Tinct. nucis vom., f3ss;
Tinct. ferri chloridi, f3ii;
Acid. muriat. dil., f3i;
Syr. limonis,
Aquæ, āā q. s. ad f3vi.

M. S.

This is usually an unpleasant mixture; but if you direct that the acid and iron be first added together, and then the nuxvomica, you will prevent the formation of the tannate of iron, and consequently the inky taste.

For the same motive,—namely, to promote uterine contraction,—I am a firm advocate of the binder, especially in a loose, flaccid abdomen following great stretching, and also of the use of turpentine externally. The irritation of constant pressure will secure contraction and prevent the gradual enlargement of the womb.

The Use of Vaginal Injections.—This is the most important part of my lecture to-day. Dr. Thomas found, as I have already mentioned, that injections of carbolyzed water into the uterine cavity would reduce the general bodily temperature three to four degrees. You must use a Chamberlain tube which is of large calibre and will not allow the fluid to be introduced directly into a uterine sinus, the consequence of which would, as you know, be disastrous to your patient. If, however, the laceration is farther down in the sexual canal, you must be careful that your nurse does not simply wash the septic matter up into the womb and imprison it there: hence direct her to introduce the syringe high up, so that the water in finding its way to the external parts shall carry all septic material with it.

Personally, I do not ordinarily use syringes in private practice, and I do not meet with any higher temperature than those who use them in the old-fashioned way. I depend on securing tonic contraction of the womb by firm external pressure and reflex irritation, and simply

order the nurse to wash the patient thoroughly with an antiseptic solution. For this purpose I use an old-fashioned remedy, —i.e., alcohol in which is dissolved as much castile soap as is possible: this is soft, agreeable, and thorough.

In France they use solutions of corrosive sublimate as a wash, also intra-uterine suppositories of iodoform. This has reduced temperature as effectually as Thomas's carbolized water. There are also various antiseptic washes, but I will not occupy your time with them: the principle upon which they all are used is, as you know, their toxic action upon the lower forms of life.

If you reflect for an instant, you will see that the walls of the parturient canal after labor are once more approximated, and air does not enter. There is little chance for the accumulation of discharges, if you direct your patient to move about. I do not at all believe, in allowing our puerperal patients to lie flat on their backs: you must order that they move about in the bed, turn from side to side, and thus relieve the canal of clots and discharges. *Position*, thus, to some extent, takes the place of *injections*. Hence I would impress upon you not to use the injection mechanically, and not to order it because it is fashionable; see to it that the nurse does not do more harm than good. Watch the heart and pulse, that their strength may be kept up and the temperature reduced. You must be prepared to associate digitalis with the medicinal treatment as soon as any tendency to heart-failure is manifest.

In some text-books, but more particularly in journals, aconite and veratrum viride are recommended in cases of puerperal fever. I warn you about these cardiac depressants. Do not let these journal articles cloud your reason: it is only in the early stages of the disease, and more especially in puerperal peritonitis, that you are at all justified in prescribing these drugs, and thus bleeding the patient into her own body, just as leeches would do externally; it is only in a typical sthenic case, in fact, in a case in which the older practitioners would bleed from the arm, that you are at all justified in exhibiting these depressants, and then my preference would be for aconite. Some, however, recommend veratrum viride. As a rule, these cases are asthenic, when the general plan of treatment must be stimulant, both general and cardiac. The study of the vomit-

ing is also of great importance. It is most obstinate and appalling in private practice; you will frequently meet with cases who cannot tolerate even a teaspoonful of pure cold water. This vomiting is of pneumogastric origin, due to the irritation of the remote fibres of the nerve found in the sexual organs.

Drugs must now be administered by the hypodermic syringe, or by rectal suppositories. Quinine may be given by the former method: there is little danger of producing abscesses, provided the solution be perfect and the needle deeply introduced into the muscular fibre.

Opium is indicated, and may be introduced by either the latter or the former method. The indication is, of course, the relief of pain or vomiting, quelling the nervous excitement, and as a tonic to the nervous system. If the pain is local and low down, a suppository is more efficacious; otherwise a hypodermic of morphia and atropia, small doses of calomel, dilute hydrocyanic acid, or complete rest of the organ may relieve the vomiting.

To secure the requisite amount of nourishment for your patient is, of course, difficult under these circumstances. Milk and lime-water frequently repeated and in small quantities is efficacious, also brandy and frozen beef-tea, or beef-juice, thus relieving thirst and supplying food at one and the same time. Koumiss will sometimes be retained when milk will not. Carbonic acid water added to the milk makes it light and palatable. Iced champagne will refresh and relieve the patient. You must use free feeding and stimulation.

I know of no more appalling death that you will witness than one of puerperal septicæmia, the patient gradually dying of exhaustion and from fatty degeneration of the heart-muscle, with consciousness fully retained until the last scene in the drama of life is over.

As a great many medical men will visit the Hygienic Exhibition of Berlin, we direct their attention to the Berlin Polyclinical Institution, in which clinical lectures on otology, rhinoscopy, dermatology, syphilology, laryngoscopy, neuro-pathology, electro-therapy, ophthalmology, etc., are delivered regularly.

Each course of lectures begins on the first of every month, and continues thirty days. The Berlin Polyclinical Institution is situated at Luisenstrasse 51.

ORIGINAL COMMUNICATIONS.

AN ANALYTICAL STUDY OF TWO THOUSAND (2093) CONSECUTIVE CASES OF SKIN DISEASE.

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UNEMBELLISHED statements of facts are in the main apt to make dry and uninteresting reading. Especially is this true when the results of such are to a great degree but contributory, and therefore not immediately perceptible. A positive advantage, however, be it slight or great, always accrues from statistical work. Analyses must be made in order that syn-
 thetical deductions may follow. Indeed, the rapidity that has characterized the advance of dermatology in the past few decades is in great measure due to that spirit of accuracy of observation and annotation infused into this branch by the late Professor Hebra. Obscurity and confusion have given place to clearness and method, and the result is the dermatology of to-day.

In preparing this analysis, I have been actuated by a desire to put into a condensed and tangible form the dispensary work under my care for the last several years, and thus contribute an iota to the grand total from which valuable conclu-

sions may be drawn. The cases here embraced extend over an observation of three years, and came under notice at the Philadelphia Dispensary for Skin Diseases, and the Northern Dispensary,—the former, as the name indicates, a special dispensary, treating patients from all sections, and the latter a general dispensary, whose patients all live within a certain area. An analysis of the cases of the one would differ materially from that of the other; chronic and rare cases eventually find their way to a special dispensary, whereas at a general dispensary diseases of an acute type largely predominate. Taking, then, this fact into consideration, together with the period of observation, it may, I think, be rightly inferred that in the present analysis is given an approximately correct idea of the relative frequency and character of these diseases as prevailing in Philadelphia.

Portions of these cases have appeared in clinical reports published from year to year.*

The present analysis considers these diseases in respect to relative frequency, the influence of age and of sex, and the effect of season.

The first table is a general summary of the diseases and cases observed, numbering, in regard to the latter, two thousand and ninety-three; named in the order of relative frequency, and showing also the sex of patients.

Table I.—Diseases arranged in the order of their relative frequency.

Disease.	Males.	Females.	Total.	Per cent.
1. Eczema.....	337	323	660	31.53
2. Syphiloderma.....	59	96	155	7.4
3. Acne { milium.....	1	3	4	.19
{ comedo.....	4	3	7	.33
{ simplex.....	48	52	100	4.78
{ rosacea.....	19	17	36	1.72
{ capitis.....	11	37	48	2.29
4. Phthiriasis { corporis.....	27	43	70	3.34
{ pubis.....	5	...	5	.24
5. Urticaria.....	27	49	76	3.63
6. Impetigo contagiosa.....	34	39	73	3.49
7. Tinea { trichophytina { capitis.....	15	3	18	.86
{ corporis.....	5	17	22	1.05
{ barbae.....	5	...	5	.24
{ versicolor.....	9	10	19	.91
{ favosa.....	7	1	8	.38
8. Pruritus.....	40	30	70	3.34
9. Erythema { multiforme.....	18	28	46	2.19
{ simplex.....	6	13	19	.91
{ nodosum.....	1	...	1	.048
{ venenata.....	21	5	26	1.24
10. Dermatitis.....	30	7	37	1.77
11. Seborrhœa.....	30	30	60	2.86
12. Furunculul.....	33	25	58	2.77
13. Psoriasis.....	23	34	57	2.72
14. Scabies.....	26	22	48	2.29

* Medical and Surgical Reporter, April 23, 1881; Philadelphia Medical Times, March 25, 1882.

Table I.—Diseases arranged in the order of their relative frequency.—(Continued.)

Disease.	Males.	Females.	Total.	Per cent.
15. Ulcus.....	18	23	41	1.96
16. Zoster.....	19	16	35	1.67
17. Impetigo.....	15	13	28	1.34
18. Miliaria.....	12	15	27	1.29
19. Herpes { facialis.....	11	8	19	.91
{ progenitalis.....	14	9	23	.048
{ iris.....	2	1	3	.14
20. Purpura.....	8	11	19	.91
21. Abscessus.....	10	7	17	.81
22. Scrofuloderma.....	8	8	16	.76
23. Syccosis.....	15	...	15	.71
24. Varicella.....	4	10	14	.67
25. Verruca.....	7	6	13	.62
26. Lichen { planus.....	1	6	7	.32
{ pilaris.....	5	3	8	.38
27. Erysipelas.....	8	3	11	.52
28. Ecthyma.....	6	4	10	.48
29. Epithelioma.....	6	4	10	.48
30. Lupus { erythematosus.....	1	3	4	.19
{ vulgaris.....	2	7	9	.28
31. Paronychia.....	3	7	10	.48
32. Adenitis.....	8	1	9	.43
33. Vitiligo.....	3	5	8	.38
34. Alopecia { areata.....	5	1	6	.28
{ —.....	1	2	3	.095
35. Chloasma.....	...	6	6	.28
36. Hyperidrosis.....	1	5	6	.28
37. Dysidrosis.....	1	2	3	.14
38. Pityriasis.....	3	2	5	.24
39. Variola.....	4	...	4	.19
40. Röteln.....	3	...	3	.14
41. Anthrax.....	2	1	3	.14
42. Carcinoma.....	2	2	4	.19
43. Folliculitis capitis.....	2	2	4	.19
44. Morbilli.....	1	1	2	.095
45. Onychia.....	1	1	2	.095
46. Onychatrophia.....	...	2	2	.095
47. Onychogryphosis.....	...	2	2	.095
48. Steatoma.....	1	1	2	.095
49. Telangiectasis.....	1	1	2	.095
50. Anhydrosis.....	1	...	1	.048
51. Bromidrosis.....	1	...	1	.048
52. Callositas.....	1	...	1	.048
53. Clavus.....	1	...	1	.048
54. Eruptio simulata.....	...	1	1	.048
55. Hydroa.....	1	...	1	.048
56. Ichthyosis.....	1	...	1	.048
57. Lymphangioma.....	...	1	1	.048
58. Morphoea.....	...	1	1	.048
59. Nævus.....	...	1	1	.048
60. Pemphigus.....	1	...	1	.048
61. Xanthoma.....	...	1	1	.048
Diagnosis doubtful.....	2	3	5	.24
	1049	1044	2093	

The list comprises sixty-one distinct names or headings. A few of these are, for the sake of convenience, made to include several allied affections, so that in the aggregate nearly seventy diseased conditions are represented. A small number of these diseases occur proportionately oftener in private practice, but these exceptions are comparatively few; on the other hand, a certain number are observed to be more frequent in dispensary practice. Most prominent among the diseases thus varying may be mentioned acne, psoriasis, and the rarer diseases, epithelioma, lupus, etc., as being more frequent among private cases, and the animal parasitic affections

and syphilodermata among cases observed in public practice.

It will be remarked that in regard to sex the cases were about evenly divided,—one thousand and forty-nine males to one thousand and forty-four females. In this respect diseases varied, as will be seen by referring to the table, and as will be shown in particular diseases in subsequent tables.

Under the first five names are comprised one thousand one hundred and twenty-nine cases, or fifty-four per cent.; under the first ten, one thousand four hundred and seventy-three, or seventy per cent.; under the first twenty, one thousand eight hundred and sixty-nine, or ninety per cent.

In the next table, which, for obvious reasons, is given before taking up the consideration of particular diseases, are shown diseases in their relation to seasons. The principal and more common affections are specially tabulated, the remaining diseases being grouped under the head of miscellaneous.

Table II.—The more common diseases in their relation to seasons.

Disease.	Spring.	Summer.	Autumn.	Winter.	Total.
Acne.....	46	35	29	37	147
Eczema.....	214	142	159	145	660
Erythema multiforme.....	21	6	9	10	46
Furunculosis.....	8	25	14	11	58
Phthiriasis.....	22	18	25	26	91
Pruritus.....	13	17	22	18	70
Psoriasis.....	22	7	15	13	57
Scabiosa.....	24	11	18	7	60
Scabies.....	18	6	11	13	48
Syphiloderma.....	44	41	32	38	155
Tinea.....	30	18	9	15	72
Urticaria.....	23	21	18	14	76
Zoster.....	7	7	11	10	35
Miscellaneous.....	133	135	140	110	518
	625	489	512	467	2093

According to the general facts divulged by this table, skin diseases are much commonest in the spring season,—March, April and May, according to a further analysis I have made, representing individually more cases than any one of the remaining nine months, March standing first, April and May following in the order named, and but slightly differing. These facts corroborate what is already known. The explanation of this preponderance in the spring may be found in the fact that at this season of the year, especially during March and April, the weather is apt to be damp and windy, with sudden changes of temperature. Besides, in general, I think it may be said that the skin, having been subjected to the prolonged cold of winter, is weakened, and therefore rendered more susceptible to disease.

We may now proceed to consider briefly some of the more prominent diseases individually.

ECZEMA.—It requires no analysis to prove the great frequency of eczema, and to assign its proper position. It stands so prominently first that a statement of the fact becomes unnecessary. Recurring to Table I., it will be seen that this affection was noted in six hundred and sixty cases,—

31.5 per cent. This may be looked upon as fairly representing the frequency of this disease both in private and public practice. It varies from year to year, but in a cycle of three or four years the average will be the same. The affection is, as will be seen by referring to Table II., most frequent in spring, March and April leading, and least common in summer. In Table III. are shown the ages of patients affected, as well as the influence of sex at different periods of life.

Table III.—Eczema (660 cases) in its relations to age and sex.

Age.	Males.	Females.	Total.
Under 1 year.....	37	21	58
1 year to 2 years.....	22	16	38
2 years to 3 years.....	9	19	28
3 " 4 ".....	10	15	25
4 " 5 ".....	3	12	15
5 years to 10 years.....	81	83	164
10 " 20 ".....	27	13	40
20 " 30 ".....	28	31	59
30 " 40 ".....	35	54	89
40 " 50 ".....	37	47	84
50 " 60 ".....	50	43	93
60 years and above.....	37	33	70
	42	19	61
	337	323	660

In the first year of life it is exceedingly common, and probably forms eighty per cent. of all cases of skin disease observed at this period. In the first five years one hundred and sixty-four cases are noted, being about one-fourth of the whole number recorded. The affection becomes less frequent until middle life, and then increases, exemplifying the fact that vulnerability of the skin is greatest during early and late life. Sex varied at different periods, but in the aggregate is remarkably even. All varieties of the disease were presented, but in the vast majority of cases the condition noted was that known under the name of eczema rubrum. The youngest patient in whom the disease was observed was eighteen days old, the oldest past eighty years. No part of the body was exempt; exposed parts, as the hands and face, were most frequently the seat of disease.

SYPHILIS.—This disease is of course considered here in relation to its cutaneous manifestations. Syphilis, in the secondary

stage especially, naturally gravitates to a skin clinic. Table I. shows one hundred and fifty-five cases, or a proportion of 7.4 per cent. By far the greater number of the patients were females,—in this respect almost twice as many females as males. A majority of the patients came under notice during the spring and summer months.

The cases under five years were, as may be supposed, due to hereditary syphilis. Of the fifteen so tabulated, five were less than three months old, two between the ages of three months and six months, four between six months and a year, one between one and two years, and the remaining three between two years and three years.

Table IV.—*Syphilis (155 cases) in its relations to age and sex.*

Age.	Males.	Females.	Total.
Under 5 years	9	6	15
5 years to 10 years
10 " 15 "
15 " 20 "	4	8	12
20 " 30 "	17	34	51
30 " 40 "	14	25	39
40 " 50 "	13	18	31
50 " 60 "	2	5	7
	59	96	155

One-third of the cases presented were between the ages of twenty and thirty, gradually decreasing in frequency as age advances. Thus, after sixty no case was recorded.

The early or general eruptions were seen in sixty-seven of the cases; the late or local eruptions in eighty-eight. Of the general eruptions, the varieties presented were—*macular*, 13; *maculo-papular*, 15; *papular*, 28; *pustular*, 9; *tubercular*, 1; *bullous*, 1. Of the papular, fourteen were of the squamous form. The case of bullous syphiloderm occurred in a child with hereditary disease.

The later or local eruptions may be designated as follows: *papular*, including papulo-squamous, 14; *tubercular*—ulcerating, 20, non-ulcerating, 28—48; *pustular*, 4; *gummatous*, 4. The remaining eighteen were recorded as syphilitic ulcers, probably due either to broken-down tubercles or gummata, but whose distinguishing characters had disappeared. The tubercu-

lar eruptions were frequently seen in their circinate and serpiginous forms.

The regions affected in these local eruptions were—*face*, 27 cases; *forearm*, 10 cases; *leg*, 9 cases; *thigh*, 8 cases; *neck*, 6 cases; *breast*, 5 cases; *arm*, 3 cases; *scalp*, 2 cases; *back*, 2 cases; *palms*, 2 cases; *palms and soles*, 1 case. In the remaining thirteen cases two or more regions were the seat of eruption.

ACNE.—Next in order on the table stands acne, with a total of one hundred and forty-seven cases,—7 per cent. This is much below the proportion occurring in private practice, in which the percentage is as high as twenty to twenty-five. This is due to the fact that in the higher walks of life such eruptions excite more solicitude and the disfigurement produced causes application to be made for relief,—facts which, for known reasons, do not hold to any great degree among the working classes. Besides, the disease is looked upon as a natural condition of growing youth, and consequently but a small proportion of cases seek advice. This latter exercises a limiting influence among all grades of society. Sex was about equally divided.

Rosacea was noted in thirty-six instances, mostly in its mild form. But few cases were observed in which the disease was developed to any great degree, and in these few the hypertrophy was not excessive. This affection was seen in later life.

PHTHIRIASIS.—Phthiriasis appears fourth on the list, being accredited with ninety-one cases, or 4.34 per cent. The scalp was infested in forty-eight cases, of which thirty-seven were females. It is well known that the hair of the female, being long and peculiarly dressed, affords a favorite habitat for this pest. Of the thirty-eight cases of phthiriasis corporis, twenty-seven were males. The remaining five cases of phthiriasis were cases of phthiriasis pubis, and occurred in males.

The proportion of cases of phthiriasis seen in private practice is exceedingly small, as will be inferred from the nature of the trouble.

URTICARIA.—This affection comes next in order of frequency, with seventy-six cases, or 3.6 per cent. This is probably much less than the proportion in reality is, as numbers of cases of urticaria never come under the notice of a physician, and least of all of a specialist. This is particularly the fact with acute cases. On

the other hand, chronic urticaria almost invariably reaches a special clinic. By referring to the accompanying table—Table V.—it will be seen that the disease occurred at all ages, although somewhat commoner in early life.

Table V.—Urticaria (76 cases) in its relations to age and sex.

Age.	Males.	Females.	Total.
Under 10 years.....	6	13	19
10 years to 20 years.....	5	13	18
20 " 30 "	4	7	11
30 " 40 "	2	4	6
40 " 50 "	4	6	10
50 " 60 "	5	2	7
60 years and above.....	1	4	5
	27	49	76

The affection was observed in almost twice as many females as males. This is to be expected from the nature of the disease, occurring, as a rule, in those in whom the nervous temperament is markedly developed. In several cases the disease had persisted almost uninterruptedly for months, wheals disappearing and reappearing, but scarcely ever absent, and in the greatest degree rebellious to treatment. *Urticaria papulosa* was seen only in children. One case of *urticaria bullosa* was noted. Two cases of *urticaria tuberosa* or *edematosa* were recorded. In these two cases marked and sudden swellings, especially of the eyelids and the upper lip, occurred from time to time. Urticaria was observed most frequently in spring and summer.

IMPETIGO CONTAGIOSA.—This curious affection, as will be seen by glancing at Table I., was recorded in seventy-three instances, or 3.5 per cent. As often two or three cases were observed in individual families, the whole number represents the disease as occurring in about thirty households. All the cases, with the exception of three, were encountered at the service of the Northern Dispensary. The affection was confined almost exclusively to children, only a few adults exhibiting the disease, and in these but one or two abortive patches and contracted from a younger member of the family. In many of the cases the eruption was limited to patches on the face; but equally common was it to see both face and hands affected.

In others there were scattered patches on the arms and legs. The cases presented at the service in groups, so to speak; that is, a series of cases would be recorded in a short space of time, and then several weeks would elapse before others were noted.

TINEA.—The vegetable parasitic diseases have been, for the sake of convenience, tabulated together. Under this head seventy-two cases are recorded.

Tinea trichophytina was observed in forty-five instances. The body was affected in twenty-two cases, or one-half; the scalp in eighteen cases, and the bearded region in five cases. It is worthy of note that of the twenty-two cases in which the body was the seat of disease, seventeen were females; and of the eighteen cases of *tinea trichophytina capitis*, fifteen were males.

Tinea vesicolor was recorded in nineteen cases, forming .91 per cent. of the whole number of cases.

Tinea favosa was noted in eight cases,—.38 per cent.

These vegetable parasitic diseases, as will be seen by recurring to Table II., were by far most common in spring, almost half the number having been recorded at this season, March and April leading.

PRURITUS.—Pruritus follows with a total of seventy cases,—3.34 per cent.

Table VI.—Pruritus (70 cases) in its relations to age and sex.

Age.	Males.	Females.	Total.
Under 30 years.....	2	...	2
30 years to 40 years.....	5	5	10
40 " 50 "	4	11	15
50 " 60 "	9	4	13
60 " 70 "	11	5	16
70 " 80 "	7	3	10
80 years and above.....	2	2	4
	40	30	70

Table VI. shows that the disease is uncommon before the fortieth year. The cases, with a few exceptions, occurring before this, exhibited the disease as affecting the genital region, or exemplified the variety known as *pruritus hiemalis*, a variety of the disease to which attention was first called some years ago by Dr. Duhring. A few of the later cases were also recorded under this heading. In regard to sex, the males were in excess.

ERYTHEMA.—Of the sixty-six cases coming under this head, forty-six were cases of *erythema multiforme*, and one case of *erythema nodosum* was noted.

Erythema multiforme, as the accompanying table—Table VII.—shows, occurred at all ages, although much more common before the age of thirty.

Table VII.—*Erythema multiforme* (46 cases) in its relations to age and sex.

Age.	Males.	Females.	Total.
Under 10 years.....	9	11	20
10 years to 20 years.....	4	2	6
20 " 30 ".....	3	9	12
30 " 40 ".....	1	3	4
40 " 50 ".....	2	2	4
50 years and above.....	1	1	2
	18	28	46

The papular form of the eruption predominated. The larger number of cases occurred in females. Twenty-one of the cases were observed in the spring months, May leading. The eruption at times bore a close resemblance to urticaria, to which disease it is probably closely related.

PSORIASIS.—In all, fifty-seven cases—2.72 per cent.—came under observation.

The disease was seen in a comparatively mild form, only a few examples of a severe grade of the disease presenting. In three cases the disease was limited to the scalp.

Table VIII.—*Psoriasis* (57 cases) in its relations to age and sex.

Age.	Males.	Females.	Total.
Under 10 years.....	1	3	4
10 years to 20 years.....	2	11	13
20 " 30 ".....	9	7	16
30 " 40 ".....	6	8	14
40 " 50 ".....	4	3	7
50 years and above.....	1	2	3
	23	34	57

The disease was observed at almost all ages, but most commonly about the period of maturity. Four cases were in children under ten years of age. In one instance the eruption was seen in a child under four years.* The disease occurred more fre-

quently in females than in males. The greatest number of cases came under notice in spring.

SCABIES.—Scabies was seen in forty-eight instances,—a percentage of 2.29. The greatest number of cases came under treatment during the spring months.

ZOSTER.—In all, thirty-five cases of this disease were recorded. Of these, thirty-two were seen at the Northern Dispensary. The affection was seen in all degrees of development. The most usual symptom was a burning sensation. In a few of the cases there was considerable prodromic neuralgia; in the vast majority, however, the subjective symptoms gave rise to but little complaint. All ages were noted, but the disease was commonest before the age of twenty, twenty-two of the thirty-five cases having occurred before this period.

Table IX.—*Zoster* (35 cases) in its relations to age and sex.

Age.	Males.	Females.	Total.
Under 5 years.....	1	2	3
5 years to 10 years.....	5	3	8
10 " 20 ".....	6	5	11
20 " 30 ".....	2	3	5
30 " 40 ".....	1	1	2
40 " 50 ".....	2	2	4
50 " 60 ".....	1	4	5
60 years and above.....	1	1	2
	19	16	35

The youngest patient in whom the disease was seen was aged three years. In this case the eruption was seated upon the buttock and thigh.

The varieties, based upon region affected, were as follows:

Z. facialis (frontalis)	3
Z. cervico-facialis	2
Z. cervico-brachialis	2
Z. thoracalis	10
Z. abdominalis	7
Z. lumbalis	4
Z. lumbo-femoralis	3
Z. femoralis	4

Most cases were seen during autumn and winter, September and January leading.

To take up the remaining diseases, or even those that are of great interest, and consider them individually, would be beyond the scope and intent of this analysis.

* Psoriasis in a Child under Four Years of Age: Philadelphia Medical Times, April 23, 1881.

As regards relative frequency, a fairly accurate idea may be obtained from Table I. For the purpose of considering the relation of sex and age the cases are not sufficiently numerous to render an analysis of these points of any value. Moreover, the rarer cases, if worthy of note at all, would require minute description, which would prolong this paper unnecessarily.

A few cases* rendered interesting on account of unusual features have been elsewhere reported.

IS OUR DOCTRINE OF FUNCTIONAL AND ORGANIC MURMURS OF THE HEART CORRECT OR NOT?

BY HUGO ENGEL, M.D.

TOWARDS the latter part of last year I was called to attend a young man, C. M., with a rather common but somewhat interesting history. He had, about three months before, been attacked for the first time in his life by scarlatina, being then 22 years old. The disease ran a mild but typical course; the throat-symptoms were well expressed, but the eruption was scant and followed by very moderate desquamation. Nearly four weeks after the beginning of the malady, oedema of the eyelids and of the lower extremities set in; three days later, general anasarca developed itself. This symptom apparently had been cured, but when the patient, some two months later, consulted me, he still complained of feeling languid, of want of appetite and strength, of a dull pain in the lumbar region, of occasional swelling of the ankles, especially towards evening, and of shortness of breath and palpitation of the heart on the slightest exertion. He looked pale and emaciated; his eyelids were slightly puffy. The urine contained a small amount of albumen and a few epithelial casts. But—and this was, regarding the final result, the most interesting sign—on examining the heart I plainly perceived a harsh systolic murmur, whose point of greatest intensity was over the mitral valve (at the base it could hardly be heard); the second pulmonary sound was decidedly louder, the *choc* stronger, and, on percussion, I found the area of dulness towards the right evidently increased, so

that besides a chronic inflammatory kidney the diagnosis of mitral regurgitation with dilated hypertrophy of the heart appeared to be correct. I first regulated carefully the diet of the patient, placing him mainly on milk, buttermilk, eggs, stale bread, and lean beef; ordered steam baths to be taken daily, administered a mild diuretic in conjunction with digitalis, and caused every second day a profuse diaphoresis by the hypodermic injection of muriate of pilocarpia. After (perhaps seven weeks later), under this treatment, for a period of two weeks there was nowhere to be noted any indication of oedema, and after the urine had been free of albumen and of tube-casts for nearly the same length of time, I placed the patient on a stronger diet, and prescribed Basham's mixture; and when again, two weeks later, none of the symptoms and signs of the diffused kidney-disease had reappeared, I ordered first ten and later fifteen drops of the tincture of the chloride of iron, largely diluted with wine, to be taken three times daily. By some accident, or, I rather suppose, on account of the fact that the former heart-symptoms (dyspnoea, palpitation) had ceased to trouble the patient, I had not auscultated the main organ of circulation for some weeks, when one day, after the patient had taken the chloride of iron for perhaps ten days, on again examining the heart, to my astonishment I could detect no murmur, nor was I able to demonstrate any increased impulse or area of dulness, nor could I perceive any accentuation of the second pulmonary sound.

Before proceeding further, I must emphatically repel any supposition that this was possibly a case of so-called functional murmur due to anæmia. According to the traditional teachings, such surely was not the case. We are taught that a functional or blood murmur—usually met with in anæmic or in other persons, in whom the blood may be said to be watery—is a soft murmur, heard at the base only, that it is often connected with the *bruit des nons*, and that it improves under treatment and is not associated with any increase in the size of the heart.† Here there had been a harsh systolic murmur, clearly loudest at, confined even, limited almost entirely, to the mitral valve; it could hardly, if at all, be perceived at the base, and was associated

* A Case of Feigned Eruption.—Archives of Dermatology, July, 1882; An Interesting Case of Herpes Iris.—Medical News, October 14, 1882.

† Vide Da Costa, Medical Diagnosis, chapter on Diseases of the Heart, 1881.

with hypertrophy of the organ. Besides, without vanity, I may say that I have had too much experience in such examinations not to have recognized an anæmic murmur. Certainly the murmur here also disappeared under treatment; but this is the interesting point of the case. It then occurred to me that occasionally before I had met with cases where in the beginning I had been convinced that there existed an organic valvular lesion, and where I had even given a prognosis based upon this assumption, but where later the murmur had disappeared again. Usually in such a case I had persuaded myself that my first diagnosis had not been correct,—that the murmur at its beginning had been a so-called functional one; but the determination to examine in future any similar case with the utmost care and precision became firm with me, and I am positive that in the case just reported I did not make a mistake in the diagnosis. Certainly in this case the murmur was a functional one also, but—and to this I attach its importance—a functional murmur of which we have been taught that it is always a sign of an organic valvular lesion, a murmur of which it has been said that it never can accompany a purely functional disturbance of a valve. Before going further into the subject, I may add that I purposely made no reference whatever to that functional murmur which accompanies over-action of the heart, as by simply permitting an individual so affected to rest for five or ten minutes in the recumbent position such a murmur will disappear, and can, therefore, be accounted for: it is very transient. Besides, this murmur always goes hand in hand with an over-acting heart: the patient usually is nervous, a stranger to the physician, and comes to him full of excitement. It is a murmur which is especially well known to the expert in life-insurance examinations, and can deceive none but the merest tyro.

While C. M.'s case guided my thoughts in the direction indicated, the next case was, to me at least, a definite proof that our doctrine of functional and organic murmurs badly needed amendment.

When in the course of an attack of acute articular rheumatism, no matter what the other accompanying symptoms may be,—whether they imitate affections of the brain, or of the stomach, or neither,* whether there is pain in the præcordia, dyspnoea, an anx-

ious expression of the face, a feeling of pending evil,† and an abrupt alteration of the beat of the radial pulse, or not,—in a person whose heart *before* the seizure was *not* the seat of an organic murmur there suddenly develops itself, as it were under observation,‡ a harsh systolic murmur over the body of the heart, we have the complication of endocarditis added to the rheumatic disease;§ and when later the same murmur has its point of greatest intensity at, or is limited to, the apex of the heart (recognizing the possibility that, as is often the case, the inflammation may from the very beginning be confined to this locality), the inflammation has become localized in the mitral valve, and the murmur indicates insufficiency of the valve.|| The most recent systematic writers add—and this may be said to be the doctrine of the day—that this diagnosis of localized valvular endocarditis, of regurgitation of the mitral, becomes certain only when, in conjunction with the murmur mentioned, the transverse diameter of the heart is increased and the second pulmonary sound accentuated.¶ I shall now report the next case bearing directly on this point.

F. R., driver of a furniture-wagon, æt. 42, was seized December 2, 1882, with acute articular rheumatism. The disease ran its usual course, was not severe, and seemed—at least the pains did—to be easily controlled by salicylic acid. The sounds of the heart were normal. On the eleventh day the patient felt very much weaker than the day before, and his breathing seemed to be somewhat more laborious. The expression of his face, while by no means anxious, had changed in a peculiar manner. On then listening to the heart, I plainly heard a harsh systolic murmur near the apex: it could be faintly perceived at the base, and the second pulmonary sound was louder. The next two days no change took place, except perhaps that the second pulmonary sound became still more accentuated; but on the third day there could be demonstrated a decided increase of dulness towards the right side of the heart. In consequence of previous experience, I did not mention these signs, hitherto considered so ominous, to any of the patient's friends, preferring to await

† Niemeyer, Handb. d. spec. Therap. und Pathol., 1879.

‡ Da Costa, *loc. cit.*

§ Guttman, Grundr. d. spec. und allg. Pathol.

|| Eichhorst, Path. d. Herzk.

¶ Vide Seitz, Guttman, Eichhorst, Gerhardt, *et al.*

* Da Costa, Med. Diag., chap. vii., § on Endocarditis.

the further progress of the case, which continued in the manner described for twelve days longer. At that time all the rheumatic symptoms had disappeared, the patient began to feel comfortable and enjoyed a good appetite and rest, and at the same time it became clear to me, what I had suspected for two or three days before, that the murmur had begun to lose its harshness, the second pulmonary sound its loudness, and the area of dulness to have become less. To make the history short, on the thirty-ninth day from the commencement of the illness, and the twenty-eighth from the first appearance of the suspicious signs of the heart, the patient was perfectly well, and his heart normal in every respect so far as functions, symptoms, and signs were concerned.

As I could not expect that the medical profession, on this statement alone and on the strength of these two cases only, would reject the acknowledged teachings of the last twenty or more years, I looked up the literature on the subject, and, finding nothing of any importance, I postponed the publication of my cases. But recently I came across the very able article of Prof. Ed. Maragliano, the Director of the Clinical Institute in Genoa;* and, as here I found not only a confirmation of my opinion, but, based upon a long series of observations, a far stronger assertion regarding functional murmurs, I have prepared a short extract giving the results of Maragliano's careful investigations, which, should they be confirmed by further researches, are destined to produce a revolution in the diagnosis and prognosis of organic and functional diseases of the heart. And they are of the more importance as the prognosis of an organic valvular lesion is always a very grave one, where the slightest error in judgment may make an individual miserable for life, suffering from the mistaken idea that he is the subject of an incurable heart-disease.

The object of Maragliano's clinical observations was the study of the functional disturbances of the valvular apparatus in their relation to the mechanism of the intra- and extra-cardial circulation, and to the diagnosis of endocarditis. The following questions were to be answered: 1. Can a

simple functional disturbance induce in an otherwise uninjured valvular apparatus those changes in the mechanism of the intra- and extra-cardial circulation which usually are caused by organic lesions of the valves and the ostia? 2. Do there exist physical signs by which the organic lesions may be recognized from the functional disturbances?

At present it is generally taught that the two kinds of disturbances of the valves of the heart, organic and functional, cause partly different symptoms and signs, and that the clinic possesses physical means by which the two varieties may be recognized and differentiated from each other. It is further contended that the organic as well as the functional maladies produce murmurs, but that the mechanical disturbances of the intra- and extra-cardial circulation accompanying the organic lesions do not happen in functional troubles.

With regard to the mitral valve,—and this is the valve which is always meant whenever this question is debated,—we find, therefore, the opinion in vogue that in case this valve is disturbed in its nutrition there are met with, besides the systolic murmur near the apex of the heart, an increase in size of the transverse diameter,—a sign of overfilling with blood of the right heart,—and an accentuation of the second pulmonary sound,—a sign of overfilling of the smaller or pulmonary circulation.

If one of these signs is wanting, or if both are absent, the murmur is said to be an anorganic one, due to a simply functional insufficiency.

The increase of the transverse diameter and the accentuation of the second pulmonary sound in conjunction with the systolic murmur at the apex of the heart are considered pathognomonic signs of an endocarditis specially limited to the mitral valve.†

This clinical dogma, the correctness of which is now disputed, was first taught by Oppolzer,‡ who has been followed by all later writers;§ and the same opinion is expressed again in the most recent works of Guttman and Eichhorst.|| Basing

* Zur Symptomologie der functionellen Störungen der Herzens, von Prof. Ed. Maragliano, Director der klinischen Instituts zu Genua. Centralbl. f. d. Med. Wissensch., Orig. Mittheil., No. 46, Nov. 18, 1882.

† For well-known reasons, in mitral regurgitation both ventricles hypertrophy.

‡ Oppolzer, Krankheiten der Herzens und der Gefässe, p. 79.

§ Da Costa, loc. cit.

|| Eichhorst, Hdb. d. spec. Path. u. Ther., i. p. 115. Notwithstanding this pathologist admits that in anemic and febrile cases a dilatation may also take place, he ascribes a pathognomonic value to these three signs—murmur, increase of second pulmonary sound, and hypertrophy of the right heart—i.e., when they appear synchronously, at one and the same time. Guttman, in his article on valvular lesions in

his judgment upon numerous observations extending all through last year, Maragliano believes himself authorized absolutely to deny the correctness of the rule.

Maragliano considers it unnecessary to mention in detail all the cases which served him in his investigations as scientific material, and he reports, therefore, simply the results of his observations. It is possible that there may exist in simply functional disturbances due neither to valvular lesions nor to lesions of the ostia nor caused by degenerative processes in the myocardium,—as was proved by all the phenomena, the course, and the final issue of the disease,—besides the systolic murmur at the mitralis, an increase in the transverse diameter and an accentuation of the second pulmonary sound. This possibility, admitted some years ago by Gerhardt and E. Seitz, but only in cases of chlorosis,* and denied by most authors,† must now be acknowledged also with reference to the other anorganic murmurs of the mitralis, notwithstanding neither Gerhardt nor others admit it nor think it possible.‡ And, as at present some include in the functional murmurs of the mitral valve those also which are heard in cases of dilatation of the left heart with dilatation of the respective venous ostia, Maragliano considers it necessary to add that he does not include the latter in his clinical cases, as we have evidently to do here with an organic alteration of the ostium, and the valve, though perfectly uninjured itself, is not able to close the ostium perfectly.

From the facts contended for—viz., from the possibility of an increase in size of the right heart and of an accentuation of the second pulmonary sound—the following conclusions may be drawn directly.

The first refers to the pathogenesis of the functional murmurs. The fact that besides the latter there may exist overfilling of the

right heart and of the small circulation proves that those are right who contend that these murmurs, no matter how produced, are dependent upon the purely functional inability of the healthy valve to close the ostium, whose diameter is normal also, in consequence of which inability the blood flows back, during systole, from the ventricle into the ostium. In case this functional disturbance of the valve continues a short time only, and if the tonicity of the myocardium is perfectly normal, no changes will take place in the mechanism of intracardial circulation, nor will the heart become altered in any way; but should a disturbance of such a kind go on for a longer period, and the tonicity of the myocardium become diminished,—which it necessarily must do when the demand upon it causes a greater muscular action,—then there will appear the physical changes above described.

The second consequence concerns the diagnosis of endocarditis valvularis vegetans (vegetating valvular endocarditis). And, in reality, after the investigations of Maragliano, in the course of an attack of acute articular rheumatism the diagnosis of endocarditis can no longer be made, as, according to his experience,§ the group of symptoms hitherto considered as characteristic of endocarditis may solely be the consequence of the oligæmic condition developing so rapidly in the rheumatic disease and causing so early those anorganic murmurs which to-day are recognized by all practical physicians as a very frequent phenomenon of the malady mentioned.

Not until the latter has run its course and the oligæmia has disappeared are we able, depending upon the persistence and permanence of the physical signs, to decide if the complication of endocarditis had in reality existed or not.|| And this restriction holds good not alone in valvular endocarditis, but in all cases where the patient is affected by all the mechanical changes

the Real-Encyclopædie of Eulenburg (vol. vi., 1881, p. 433), writes, "The three symptoms named—systolic murmur at the apex of the heart, hypertrophy and dilatation of the right ventricle, accentuation of the second sound of the pulmonary artery—are the cardinal points in the diagnosis of mitral insufficiency, they alone establishing the same."

* Gerhardt, Handbuch d. Perc. und Ausc., Italian edit., p. 167. Prof. De Renzi has also adopted this view (vide De Renzi, *Semiotica fisica del Cuore*, pp. 136-176), as also Niemeyer, Seitz (Lehrb. d. spec. Pathol. und Therap., 1879, ii. p. 844). This author quotes the studies of Stark, with whose opinion he coincides.

† Guttman, *loc. cit.*, writes, "As the anorganic murmur in chlorosis is sometimes, for instance, the strongest at the apex of the heart, and the action of the organ is increased in such cases, one might suppose that a mitral insufficiency was present. Absence of hypertrophy of the right heart, and the fact of the second pulmonary sound not being accentuated, exclude the possibility of an error in diagnosis."

‡ Vide Gerhardt, *op. cit.*, p. 166.

§ Coinciding with my own in the case of F. R., and others. It is not improbable that, after all, it will be shown that the accompanying symptoms (anxious expression of the face, sudden alteration of circulation and respiration, more or less intense pain in the præcordial region, or those of apparent brain- or stomach-disease, as delirium, vomiting, etc.), in the diagnosis of endocarditis when appearing as a complication in acute articular rheumatism or in any other oligæmic disease, are of far greater importance than the physical signs hitherto alone considered as pathognomonic of the complicating malady. Why is it that in one series of such cases we have these symptoms present, and that in another, usually called mild, they are absent? Does this not tend to prove or corroborate the assertion that in the one the complaint is functional, in the other due to an organic lesion?

of the intra- and extra-cardial circulation characteristic of mitral regurgitation. Such a patient will have to be under observation for some time before a definite diagnosis can be made.

The result of these important observations is a corollary of practical medicine, forming an additional link in the chain of diagnostic discoveries which during the last few years have been made by E. Seitz, Peacock, Da Costa, Fränkel, Black, Bornheim, Buresi, and others, who have freed the doctrine of dilatation and hypertrophy of the heart of the old dogma of organic valvular lesions.

307 FRANKLIN STREET.

NOTES OF HOSPITAL PRACTICE.

UNIVERSITY HOSPITAL.

SERVICE OF DR. H. C. WOOD.

MALARIAL PSEUDO-EPILEPSY.

THIS young gentleman, a private patient of mine, has consented to come before you to-day, as his case is one of considerable interest in regard to diagnosis, as well as from a therapeutic point of view. He was sent to me as an apparently hopeless case.

His history, as obtained from him, is very interesting and curious. He is of the nervous temperament, and has always had fairly robust health. He worked hard in the drug-business until August, 1881, when he was attacked with dysentery or enterocolitis. As a result of this appeared a paralysis, which took the form of paraplegia, and, therefore, was probably of spinal origin. It came on slowly, but after several days was nearly complete. He was unable to walk, or even to stand. There seems to have been with this paralysis also loss of sensation. It was probably a spinal palsy, which so frequently follows dysentery. I think it is almost as common as after diphtheria; at least I see more cases of dysentery-paralysis than of diphtheria-paralysis. This palsy, after lasting some months, gradually subsided, and he was soon able to go again into business in Cairo, which, as you all know, is in the southern part of Illinois. The city is situated on an island lying in the middle of the Mississippi River, whose waters in the autumn may be considered a well-

prepared infusion of malaria. Almost everybody in Cairo suffers from malaria.

He remained here in good health, working from eighteen to twenty hours per day at his business of druggist, greatly overtaxing himself, until July, 1882, when he was taken with malarial fever. This malarial fever originally put on the ordinary type of the disease, with very severe chills. He took quinine for the chills in very large doses. He avers that he occasionally took one hundred grains of quinine a day, and that usually he took from forty to fifty grains. The fever, however, persisted, but disappeared finally on the approach of cold weather, in the latter part of November, while he still resided in Cairo. He had used quinia all along. When he left Cairo, much broken in health, he went to Pittsburg, and was there put on the use of a one-grain blue pill with quinia and capsicum. He remained on this treatment until December 6, when he was suddenly taken with some kind of an attack, the nature of which is not clear. He went to bed, not feeling in the slightest unwell, and became unconscious, in which state he remained for two weeks. He has no memory of what elapsed at this time. His friends tell him that he had convulsions which were repeated very often during the day; he was apparently steeped in convulsions. Ever since he came to himself he has been subject to convulsions.

It is necessary, and, indeed, very important, to determine the nature of these spells. They are irregular, not occurring at fixed intervals, but happening night or day,—sometimes five or six in twenty-four hours, and sometimes but one in two or three days; since they began, he has never been an entire week without them.

There is a very important point lacking in the history of this case: that is, as to the existence or non-existence, during the period of unconsciousness in Pittsburg, of fever. He, of course, can give no personal account, but has been told that he had no fever, and he states that he has had no fever since. I am inclined to think that the statement is not absolutely accurate, as, unless you use the thermometer, you cannot say that there is no fever.

When ill in Pittsburg, it is stated that our patient was supposed to have had tumor of the brain; but the suddenness of the illness and absence of paralysis make the diagnosis of tumor of the brain devoid of

reasonableness. By the process of exclusion, and particularly by reason of the fact that the man had lived in a malarious region, I am led to believe that the Pittsburg attack was an irregular and unusual manifestation of malaria. Had the physician used the thermometer, he would probably have found the temperature one to two degrees above normal.

In 1876 a Frenchman at the Centennial International Exhibition was seized with an epileptic attack which put on the regular form of epilepsy and had all the evidences of a true epileptic convulsion. There was no past history of epilepsy; the man was 24 years old,—which is a singular age for epilepsy to come on without cause. After an examination of the case, I made up my mind that the attack was malarial in its origin, because the man had been exposed to malaria, and the convulsions occurred without previous history of such disorder and were periodic. Quinine effected a cure.

A malarial epilepsy may take on the type of true epilepsy; but in most cases underlying the convulsive attack you find fever,—not a high fever, but an elevation of perhaps one or two degrees.

If we had a history that the temperature during the long attack in Pittsburg was one to three degrees above normal, we should have strong evidence that the Pittsburg illness was an irregular malarial attack. To support our belief that he had fever, we find that in December last he was very thirsty; he wanted to drink all the time. He had no desire for food, but craved cold drinks. This is almost as good a proof of fever as if the temperature had been taken. In epilepsy we have a collapsed condition without thirst.

I believe in the present case that the convulsions are due, not to epilepsy, but to malarial poisoning. In order to make the reasons of my diagnosis clearer to you, I will analyze the case a little further. The patient is a man 24 years old. At this age true epilepsy develops very rarely. In men of twenty-four or over we rarely find true epilepsy as the cause of first convulsions, but some form of eccentric epilepsy, or syphilis, or tumor of the brain, or uræmic poisoning. Considering for the moment that the attacks are not of the nature of a true epilepsy, we will take up the other possible causes of the attacks. There is no history of syphilis,

there is little or no headache, there is no loss of mental power, no loss of local power, no history of vomiting, no evidence of gross lesion of the brain, except the convulsions, which are not probably due to brain-lesion. We know that he has suffered from malarial poisoning; and that it is capable of producing symptoms such as we have in this case. There is no history of peripheral irritation, no albumen in the urine, no indication of Bright's disease: so that it seems to me that the diagnosis is confirmed. It is, again, confirmed in the curious character of the first attack. The two weeks' attack is not like epilepsy, nor like a gross brain-lesion. Epilepsy the first time it appears just shakes its victim, as a terrier does a rat: it does not hold on, like a bull-dog upon his prey. It knows that it can get another bite if it wants to.

The present attacks are not like typical epilepsy. There is no aura; there is no biting of the tongue, no foaming at the mouth. The absence of these symptoms is not sufficient proof that the man is not suffering from epilepsy, but each one is a grain of evidence, and by their accumulation the proof is obtained. Epilepsy is a general convulsion, during which the patient froths at the mouth and is apt to get the tongue between the teeth. If a convulsion of but one side of the body or of a part of the body occurs, the tongue usually escapes. Epilepsy usually takes on a general convulsion, and diseases similar to epilepsy have only a partial convulsion.

In the convulsion of our patient we had rigid rather than clonic spasms. They were not of the epileptic type. Epilepsy is a wild beast expending its fury. We had a degree of opisthotonus here which indicates a partially tetanic convulsion which is not epilepsy. The man during the attack had but partial unconsciousness; he would answer when spoken to. This does not occur in epilepsy. In true epilepsy the body is so occupied with the attack that it has no attention for anything else: it does not hear, or see, or know anything.

Now, enumerating the various factors which indicate that the case is one of malarial poisoning, we have:

First, a very distinct history of malarial poisoning in a man prone to neurotic attacks.

Second, the knowledge that malarial poisoning is capable of producing symptoms similar to those of the present case.

Third, the case is probably not true epilepsy, on account of the age of the patient and the mode of attack,—not a simple convulsion, but a prolonged status.

Fourth, the probable presence of fever during the first attack.

Fifth, the very great frequency of the attacks.

Sixth, the attack does not conform to the typical epileptic convulsion. Thus, there is no aura; the convulsion is partial; there is no biting of the tongue; there is rigidity rather than clonic spasms; there is opisthotonus present; there is present a form of consciousness, although there is loss of memory of what has happened during the attack.

Seventh, there is no discoverable peripheral point of irritation to cause a reflex epilepsy.

Eighth, there are no symptoms of gross lesion of the brain; no choked disk; no headache; no loss of memory; no paralysis; no irregular contractions of the muscles; no dilated pupil; no vomiting; no giddiness.

Ninth, there is no history, nor are there any signs, of syphilis.

Tenth, nothing else fits the case; and, as we know that malarial poisoning can simulate many diseases, we must come to the conclusion that the present case is one of hystero-epilepsy dependent on malarial poisoning.

Examination of the spleen shows it to be enlarged.

Examination of the blood shows that the number of white in proportion to the red corpuscles is greatly increased. Whereas normally there are usually but 2.55 white to the 1000 red, rising after meals to 1 in 300 or 400, there is here one white to every seventy-five red corpuscles.

Having reached the conclusion that the case is one of hystero-epilepsy due to malarial poisoning, the next thing is to treat it. He had so much quinia that he was not only tired of it, but we thought it would probably do him no good. We therefore had put him on the oil of eucalyptus, which is also an antiperiodic. He was given a drachm of the oil per day. This, while having but little effect on the disease, disturbed the stomach and bowels, and caused at the time a feeling of malaise, lassitude, lack of energy, slight slowing of the pulse. It did not evince the antiperiodic influence which has been claimed for it.

We shall take him off the eucalyptus and put him on full doses of quinia the next few days. We shall give him twenty-five grains of sulphate of quinia per day. Besides this, we shall give him the tincture of the chloride of iron, with some preparation of arsenic,—either Fowler's solution or the liquor arsenici chloridi. We have tried to stop the convulsive attacks with the bromides, and have failed. Most of the attacks at present occur at night. We shall now leave the bromides, and use chloral at night. We shall begin by using twenty-five grains, and, if this does not affect the head, we shall increase to thirty-five grains. [The patient rapidly recovered under the treatment instituted.—REP.]

TRANSLATIONS.

NERVOUS SYMPTOMS OF EXOPHTHALMIC GOITRE.—In summing up an admirable article upon some troubles dependent upon the central nervous system observed in patients affected with exophthalmic goitre, Dr. G. Ballet, after reporting some clinical cases, draws the following conclusions:

1. To the classical symptoms of exophthalmic goitre (over-action of heart, exophthalmia, goitre, trembling) there are quite often added others which, like those already mentioned, belong to a perturbation of the nervous system.

2. These symptoms are *convulsive* (epileptic or epileptiform) or *paralytic* (either hemiplegic or paraplegic); finally, in some instances, apparently quite often, there is, besides, *albuminuria*, *glycosuria*, or simple *polyuria*.

3. These convulsive or paralytic symptoms appear to belong not directly to Basedow's disease, but to another neurosis coincident with this (epilepsy, hysteria, etc.).

4. Certain convulsive phenomena (epileptic attacks), however, appear to be connected closely with the goitre itself. And the special clinical conditions under which they appear warrant the opinion that they are due to a cerebro-bulbar circulatory trouble, occasioned by the increased action of the heart.

5. For the rest, among the paralytic disorders, there are some which are light, such as weakness of the hands, or want of power, often transitory, of one or both superior extremities, or feebleness of the

lower extremities, which may be directly attributed to the malady of Graves, whether it be merely a trembling of the extremities or more marked symptoms the result of transitory modifications in the cerebral circulation.

6. The polyuria, albuminuria, and glycosuria are probably much more frequent than has been supposed, and probably indicate trouble of the innervation of the bulb.

7. The malady of Graves appears to be simply one of those numerous symptomatic conditions by which a "nervous diathesis" is manifested; a symptom-complex which sometimes occurs isolated, at other times combined with other manifestations (epilepsy, hysteria, chorea).

8. There are grounds, however, for asking, in referring to certain facts, clinical (Féréol) and experimental (Filehne), if certain pons-medullary lesions are not of a nature to cause the symptom-complex of Basedow?—There would then be, in this case, a complexus termed exophthalmic goitre, as well as a complexus termed hemianæsthetic, which, while one of the most frequent of the lighter manifestations of hysteria, in some cases at least indicates the existence of a material alteration, localized, as we know, at the level of the posterior third of the internal capsule.

ALOPECIA PREMATURA.—In a very interesting clinical lecture, Dr. Oscar Lassar discusses the etiology and treatment of early baldness, or alopecia prematura. From observation and experiment upon animals it was found that the disease is contagious, and occurs independently of any general affection or the state of health of the patient. The method of treatment recommended is as follows. The scalp is to be washed every day with tar soap, or soft glycerine soap, or with soap containing sodium iodide; the soap is to be thoroughly applied, and rubbed into the scalp for fifteen minutes. Following this is a warm douche; then by the application of a corrosive sublimate (2 pts. per 1000) the hair is dried, and a half per cent. spirit-solution of naphthaline is rubbed into the affected portions. Carbolic or salicylic acid may also be employed if desired.

If this treatment be adopted in the early stage, when the hair is just beginning to fall, it has usually proved successful, but it must be kept up for eight weeks or more.

The fact that this disease is due to a communicable morbid principle has been brought up in order to show its conveyance by the comb and brush of the barber. —*Berliner Klin. Wochens.*, No. 16, 1883.

INJURIES OF THE TESTICLE.—Dr. Arteaga, in a recent thesis, lays down some important precepts for the treatment of wounds of the testicle. Traction should not be made upon any filaments of tissue at the surface of the wound, or the testicle may be completely emptied, as happened in a case reported by J. L. Petit. In case of an incised wound of the albuginea, several points of interrupted suture may be employed. When the testicle has been crushed, we should not be in a hurry to remove it, as it may recover; if the scrotum is torn and the testicle is exposed, it should be cleansed from any foreign bodies and restored to the scrotum. In cases where there has been loss of a portion of the testicle, whether by the original injury or by sphacelus, the testicle should be retained, although atrophy may follow. This point cannot be too strongly insisted upon. The organ should be preserved whenever possible, although it subsequently atrophies, for it is better to leave the man with the conviction that his genital organs are in a perfect state of integrity than to expose him to the danger of falling into a state of melancholy which might exert an unfortunate influence upon his general health. —*Revue de Thérapeutique*, No. 8.

TREATMENT OF CONDYLOMATA OF THE PENIS.—When flat condylomata appear on the penis, Nussbaum recommends washing them twice a day with salt water and subsequently dusting the surface with calomel. No pain attends this treatment, and the patients continue their ordinary occupations. —*Med. Zeitung*.

DYSPNŒA DUE TO SALICYLIC ACID.—Dr. Louvan, of Carlsbad, has met with several cases in which difficulty of breathing was due to the administration of moderate doses of salicylic acid; the breathing was labored and rapid. —*Berl. Klin. Wochens.*, No. 16.

LYMPH-HEARTS IN FETAL CHICKS.—Budge has detected lymph-hearts in the lymph-vessels of the allantois on the eighth day of incubation of fowls' eggs; at the more developed stage they are no longer to be found. —*Archiv für Anat. und Phys.*

PHILADELPHIA
MEDICAL TIMES.

PHILADELPHIA, MAY 19, 1883.

EDITORIAL.

A NARROW ESCAPE FROM AN-
OTHER "ETHER DEATH."

THOMAS MORRIS was injured at the Henry colliery recently by the premature discharge of a blast. His hip was broken, or dislocated, or otherwise seriously hurt, for the precise character of the trouble could not be determined by the local surgeon. On the following Sunday he was removed to the Wilkesbarre Hospital for better care and a consultation. As the man seemed quite comfortable, the examination and consultation were put off until Wednesday afternoon, and the hospital physicians were then about to enter upon the examination, and were discussing the propriety of administering an anæsthetic. To this the patient demurred, stating that his heart was weak, etc.; but, as the doctors deemed it necessary, it was decided to give the man ether. This decision seemed to affect the man strangely, and while they were still talking about the case he began to labor for breath, wanted windows opened, took on all the well-known phases of approaching dissolution, and in a few moments breathed his last. He had been suffering no pain in his injured hip, the physicians had hardly begun their examination, and no anæsthetic had been administered. It is the opinion of all present that he died of heart-disease, as a murmur had been discovered, that his death was possibly hastened by his dread of taking an anæsthetic, and that any mental shock would have had the same effect.

This death from the fear of anæsthetics has its parallel in a case reported recently by Surgeon-General Francis, of the Indian Medical Service. A drummer was

suddenly aroused from his sleep by something creeping over one of his naked legs. He immediately jumped to the conclusion that it was a cobra, and his friends, collected by his outcry, not unnaturally thought so too, and he was treated accordingly. Incantations, such as are customary among the natives on these occasions, were resorted to, and the poor fellow was flagellated with twisted cloths on the arms and legs in view partly to rouse him, but principally to drive out the evil influence (spirit?) that for the time being had got hold of him. With the first light of dawn the cause of the fright was discovered in the shape of a harmless lizard, which was lying crushed and half killed by the side of the poor drummer. But it was too late. From the moment when he believed that a poisonous snake had bitten him he passed into an increasing collapse until he died. The drummer was not a strong lad, and the shock was too much for him.

CLINICAL TEACHING AT THE
PENNSYLVANIA HOSPITAL.

WE are informed that, at a late meeting, the Board of Managers of the Pennsylvania Hospital decided to require the payment of an annual fee of five dollars from students attending the clinics of the institution. We confess surprise at this action, not so much because it seems unwise and uncalled for, since Boards of Managers are in their movements not rarely most mysterious, but because not many years since a similar resolution was adopted, and afterwards rescinded under the pressure of the resulting vacuum. The competition in clinical teaching is now much more severe than it was then. Excellent as is the corps of clinicians at the "Old Penn," they are in no way superior to various rival bodies,—if, indeed, they be equal to some of them,—and it requires no prophetic vision to see loneliness and desola-

tion settling down upon the erst-time happy and well-filled lecture-rooms.

The plea upon which the resolution was adopted was the securing of new books for the library. At one time of immense importance to the medical culture of this city, this library has by the rapid growth of the library of the College of Physicians been rendered superfluous. If it were possible and wise to attempt to re-establish it, the Managers of the Hospital should get back from the general funds the accumulated library fund of over fifteen thousand dollars which, some years ago, they, with less or more show of right, confiscated to the general uses of the Hospital. The present effort is, to our thinking, wholly unwise: it will stop the attendance of students upon the clinic, and will achieve nothing for the library. No tickets sold, no income; emptiness of benches, and sorrow of heart,—which we trust will work repentance and rescinding.

LAW AGAINST CIGARETTE-SMOKING.

SUMPTUARY laws have never been remarkably successful, and we shall watch with interest the attempt which is being made in New Jersey to lessen the great evil of the use of tobacco by boys. The law recently enacted provides, with suitable penalties, "that hereafter no person or persons in this State shall knowingly sell any cigarette or cigarettes, or tobacco in any of its forms, to any minor under the age of sixteen years." We fear it will be difficult in most cases to prove that the tobaccoist knew that the minor to whom he sold was under sixteen years of age. Minute street-gamins may, however, suffer affliction.

MOST of our readers no doubt noticed an editorial in our last issue concerning the mismanagement of the Marine Hospital Service. The important facts of the

case as there stated seem, on further inquiry, to have been under- rather than over-pictured: more money has been wasted in connection with the New Orleans Hospital than we gave credit for. But in one thing we were incorrect: the money was furnished by direct Congressional appropriation, and did not come immediately from the Marine Hospital fund, derived from the earnings of sailors. We shall have more to say on this subject in our next issue.

LEADING ARTICLES.

SOME RECENT THERAPEUTIC APPLICATIONS OF THE NITRITE OF AMYL.

ALTHOUGH discovered in 1844 by Balard, the physiological effects of nitrite of amyl were not brought permanently before the notice of the profession until Guthrie called attention to them fifteen years later; its use in therapeutics appears to have been first suggested by Dr. Richardson, of London, in 1865. From a study of the pathology of angina pectoris, and the demonstration of the arterial spasm with the aid of the sphygmograph, Dr. Lauder Brunton in 1867 was enabled to construct that masterly synthesis, by which a depresso-motor and arterial dilator was applied to the relief of a condition of spasm, with entire success and great relief to the patient. Since this date amyl nitrite has held a recognized place in therapeutics, not only for cases of breast-pang, but also for other conditions for which its physiological effects and promptness of action render it particularly serviceable; among these are epilepsy, spasmodic asthma, the cold stage of intermittent fever, some cases of migraine; it has also been proposed for strychnia-poisoning and hydrophobia, and is said to have been successfully employed in tetanus. Mary Putnam Jacobi has found it serviceable in neuralgic dysmenorrhœa,—a disorder in which the remedy was first used by Dr. Fuckel. In cases of asphyxia, especially threatened asphyxia during chloroform-administration, the nitrite has been very successful, and has saved life.

The physiological action to which reference has been made may be briefly summarized here as follows. Amyl nitrite com-

bins with the hæmoglobin of the blood-corpuscles, greatly reducing their power of carrying oxygen to the tissues; a direct action of the drug upon the muscular structures in the walls of the arterioles causes dilatation of these vessels everywhere, leading to lowering of arterial tension and temperature, and causing hyperæmia of various organs. The action of the heart becomes more rapid, and there is great throbbing of the arteries; if the remedy is pushed, the cardiac pulsations are rendered weaker, but death is caused by failure of respiration, due to a paralyzing effect upon the respiratory centre in the medulla, and to a general lowering of the reflex excitability of the centres in the spinal cord. The vessels of the head are rapidly filled with blood, there is headache, and the retinal vessels are much congested, showing a corresponding state of the blood-vessels of the brain. In some of the lower animals sugar has appeared in the urine after its inhalation, due, possibly, to dilatation of the blood-vessels of the liver, or to an effect, directly or indirectly, upon the centre in the medulla oblongata, discovered by Claude Bernard. If a toxic dose be given, or the inhalation be too much prolonged, the arterial and venous blood become both of the same color, owing to the interference with the oxygen-carrying function of the red blood-corpuscle; at the same time the temperature falls decidedly, and general muscular resolution may occur. Even minute amounts cause flushing, of the face, headache, tinnitus aurium, and sometimes vertigo.

The nitrite of amyl is almost exclusively used by inhalation, from three to five drops being dropped upon a handkerchief and held to the nose. The effect is almost instantaneous. The remedy may, however, be given internally in cases where inhalation is inappropriate, as in asthma, one or two drops being administered on a lump of sugar or in gelatin capsules. As the drug is apt to undergo change spontaneously, it should be frequently renewed; but the glass pearls containing the required dose of the amyl nitrite, which can be broken in a handkerchief, and will keep indefinitely, are probably the best form for dispensing. The danger of serious symptoms occurring from an overdose appears to be less when given by the mouth than when inhaled. A lady patient who swallowed a teaspoonful by mistake rapidly became col-

lapsed, but was saved by frictions, flagellations, and tincture of opium.*

The fact that the effects of this remedy are so transitory has led Dr. Napoleon D'Ancona to recommend the frequent repetition of the inhalations, and by a judicious and systematic application of this agent he has succeeded in obtaining some remarkable results in diseases in which amyl nitrite had not been previously used. In a paper recently published, D'Ancona communicates the results obtained by the use of this remedy in disorders in which the prominent symptoms were high grade of dyspnoea and reduced activity of the heart, especially occurring in the course of acute febrile or inflammatory diseases of the respiratory organs.

The following is a summary of the cases:

Case I.—Man, 75 years of age, with pleuropneumonia, with cardiac enlargement (hypertrophy?) and valvular disease (mitral) with a history of heart-trouble. Seen on second day of pneumonia. Under ordinary treatment, the left lung became hepatized for about two-thirds of its extent. On the fifth day the symptoms were serious, the respirations were 52, pulse very rapid (uncountable). The ordinary treatment being continued, five drops of nitrite of amyl were administered, with immediate reduction of the rate of breathing to 40 per minute, and the pulse became slower and stronger, the improvement lasting half an hour. A repetition of the inhalation afforded relief for an hour. After this the inhalations were continued every half-hour or hour, day and night, until the morning of the seventh day, by which time the temperature, which had been 40° (104° F.), had fallen to normal. The patient now became convalescent, and fully recovered.

Case II.—Lady, 60 years of age, anæmic, with chronic mitral insufficiency; a frequent sufferer with hemicrania; probably had fatty heart. A bronchial catarrh reduced her strength so that on the twentieth day she fell into collapse (syncope) from exhaustion, with loss of consciousness, very weak action of the heart, and apparently on the point of death. The nitrite of amyl was used with immediate effect; it was repeated every half-hour for twelve hours, when the threatened danger was over, and she returned to her other remedies. She ultimately recovered.

Case III.—Man, 68 years of age, an alcoholic subject, admitted into the hospital with very weak dilated heart, pulse thread-like, œdema of feet. Diagnosis of chronic endocarditis, fatty heart, and bronchial catarrh. At night had serious attacks of dyspnoea, which became so frequent as to compel him

* Dr. Emmsville, British Medical Journal, 1880.

to sit up at night. Nitrite of amyl, used as in the preceding cases, relieved the orthopnoea; the pulse became fuller and stronger, and a continuation of the remedy gave such relief that he was able to leave the hospital. Some time afterwards he perished of pulmonary oedema; and the autopsy confirmed the diagnosis.

Case IV.—Man, 72 years old, admitted in a very bad condition, suffering with acute pleuropneumonia of the right side, in a typhoid condition, with enlargement of heart and rigidity of arteries. Stimulants, quinine bisulphate, and a supporting treatment were given. On the sixth day, besides the signs of hepatization, diffused râles were found throughout the lung, and tracheal râles were heard; pulse thread-like, rapid; patient delirious, and in a state of prostration bordering upon coma. Twenty-four dry cups were applied, and the nitrite of amyl inhaled as in the preceding cases. Within twelve hours he had regained consciousness; there was free expectoration, and the pulse was stronger. Convalescence began on the ninth day. The amyl nitrite was not entirely suspended until complete recovery occurred, although the frequency of administration was greatly reduced as the pulse grew stronger.

Several other cases are referred to by Dr. D'Ancona, which it will not be necessary to repeat. He makes the significant statement that during the five years that he has used the nitrite of amyl in cases of respiratory disorder and cardiac disease, in all instances benefit was experienced, and no alarming symptoms ever appeared. He observed that, in the class of cases he referred to, the flushing of the face is less marked than it is in health; and more than once he noticed that under its use cyanosis of the lips and hands diminished or entirely disappeared.

From a consideration of the cases given, it is very evident that the usual caution contained in the text-books with regard to the administration of amyl nitrite to patients with brittle arteries is unnecessary, and that the dangers of the drug have been apparently greatly exaggerated. It seems that in cases of respiratory disorder, in which there is temporary heart-failure, good results may be obtained from the inhalation of a few drops of amyl nitrite, and that it may be repeated at intervals, guided by the state of the pulse, for several days, not only without injury, but also with distinct and permanent benefit. It may bridge over a temporary condition, and thus gain time for other remedies to act.

F. W.

NOTES FROM SPECIAL CORRESPONDENTS.

CHICAGO.

THE daily newspaper press of our city has, so far as can be remembered, always championed homœopathy or some other pathy with erudition peculiar. Just now, this engine of civilization is engaged in agitating the public mind upon a question of medical ethics by reflecting the biased views of the New York radicals. The articles given in the Sunday edition of our papers are very amusing, at least to the medical mind. Such effusions usually consist of a good deal of advice to the "allopath," whom the editor generally dislikes, and much praise for the homœopath, whom he always likes; this advice, etc., is carefully seasoned with an account of "interviews" with leading (*sic*) physicians. As the result of some of the interviews, one says (a representative man) that he thinks the "invincibles" may succeed in establishing an unwritten code, and thus abolish all systems of ethics. "These New York liberals are willing to break down our code, because they would consult with anybody to get a ten-dollar fee. Nothing but trouble could arise from abolishing the code, for 'if you lie down with dogs you must expect fleas.'" A small doctor of the homœopathic order has "no objection to the effort to put both systems of medicine on a common footing." He claimed that the homœopaths were the regular, and not the *allopaths*,—that "the former studied the physiological *actions* of medicines on live men, and not on dead ones." Another homœopath said he was willing to consult with an allopath if he (presumably the allopath) was a gentleman. An official of our State Board of Health thinks the criticisms on the State Board, because of their having a homœopath on their Examining Board, unjust, and coming only from old fogies. He believes it would be better for these men to keep quiet, for the Board oftentimes *rejected all candidates* who were graduates of these so-called regular colleges, because they were found incompetent. This official is not a voting member of the Board, and fails to state whether the unsuccessful candidates were plucked by the homœopath or by the so-called allopaths.

At the last meeting of the Chicago Medical Society, Dr. Ingals read a paper giving extracts from the last report of the State Board of Health, upon which he commented to the end that the getting of diplomas was entirely too easy, and offered a resolution to the effect that proper measures be taken to secure action upon the appointment of a Board of Examiners, before which the students from all medical colleges should appear for examination for the degree, and that the Board should be composed of gentlemen having no connection with any faculty or school in

the State. The discussion which followed strongly favored the measure, and a committee was appointed to confer with the State Board of Health.

After one of the most severe winters ever experienced in this part of the country, we are having a very backward spring,—low temperatures and east winds, more chilling and penetrating than those of the New England coast, prevailing for more than a month past.

May 10, 1883.

CORRESPONDENCE.

MESSRS. EDITORS,—Many years ago, at a time when cerebro-spinal meningitis was very prevalent, I, in an article in the *Medical Reporter* of this city, called the attention of medical men to the similarity, if not identity, of erysipelas and spinal meningitis. Occurring at a time when erysipelas was also very prevalent, and surrounded by all the circumstances calculated to produce erysipelas, I acted upon this principle, finding that under the usual treatment, even in the hands of the most skilful of our physicians, spinal meningitis was usually fatal. I gave tinct. ferri chloridi in doses of twenty to thirty drops every two hours in adult cases,—less, of course, for younger patients,—and was delighted to find my plan successful and my cases cured without leaving deafness, blindness, or paralysis of any kind behind. Certain I am that in those cases where these consequences are left it is owing to the disease not being entirely cured. A number of my cases were blind, deaf, and apparently insensible, and considered, by the attending physicians who called me in, as hopelessly dying, but got well in a comparatively short time without leaving a trace behind. In one case, a physician of some years' standing came after me to see his only son, twelve years old, whom he and his friend were attending. I found him deaf, blind, with a bladdery pulse, a washerwoman's skin, and evidently dying, and, as his father assured me, he felt confident he would die that night; yet, under the treatment of tinct. ferri chloridi, ten drops every hour, he got entirely well in a few days. In some of the cases the relief of the symptoms was attended by the appearance of erysipelas on the face and other parts of the body. In another case, an infant three years of age, the patient of one of our oldest and best-skilled physicians,—the other children all died under the usual treatment; the symptom most distressing, in connection with the other usual symptoms, was obstinate vomiting regarding everything as respects food and medicine,—was cured by three drops of the tinct. ferri chloridi every hour, afterwards five drops every two hours. Many other cases I could enumerate, if I did not fear to trespass upon

your indulgence. I feel confident that with this remedy, a blister now and then to the nape of the neck, milk-punch, with general supporting treatment, and especially keeping the patient in a perfectly recumbent position until all sense of vertigo upon sitting up has ceased, most if not all of the cases of cerebro-spinal meningitis can be cured, leaving no bad effects behind.

Confident am I that, if physicians would give this treatment a fair trial, they would be satisfied that it is the only and the best treatment in this terrible disease, the bane of our medical men. I write this, Messrs. Editors, in consequence of reading in your journal, No. 403, May 5, 1883, an article copied from the *Deutsche Medicin. Zeitung*, March, 1883, upon "The Micrococcus of Cerebro-Spinal Meningitis," proving that the micrococci found in erysipelas and spinal meningitis were *similar*, and that their anatomical forms and their course present so many points in common, they should also be associated with analogous micro-parasitic forms. It also asserts that "pathological anatomy had established the analogy between meningitis and erysipelas, even before the parasitic element was talked of." Leaving these suggestions to be thought over by yourselves and readers, I again thank you for indulgence in allowing me to trespass upon your kind attention.

JOSEPH KLAPP, M.D.

622 SPRUCE ST., PHILA., May 8, 1883.

PROCEEDINGS OF SOCIETIES.

PENNSYLVANIA STATE MEDICAL SOCIETY.

THE recent meeting at Norristown, the thirty-fourth annual convention of the Medical Society of the State of Pennsylvania, was probably the largest ever held. More than three hundred delegates and members were registered. The papers were so numerous as practically to exclude discussions; and the quality of the papers was exceptionally high. The Society was honored by a banquet given by the Montgomery County Medical Society after the President's address; it also accepted an invitation to visit the State Hospital for the Insane for the Southeastern District of Pennsylvania, situated near Norristown, where a collation was served and the final session held. Several receptions were also given by private individuals. The sessions were held twice daily on the 9th, 10th, and 11th of May, the evenings being devoted to social entertainments. In reporting the proceedings we shall commence with the President's address, next giving an abstract of the papers read, and finally consider the business done.

THE PRESIDENT'S ADDRESS.

The annual address of the President, Dr. William Varian, of Titusville, was delivered

at the court-house on the evening of the first day of the meeting. He said that thirty-five years ago there met in the city of Lancaster a small and earnest body of medical men who organized the Medical Society of the State of Pennsylvania and announced as their object "the advancement of medical knowledge; the elevation of professional character; the protection of the professional interests of its members; the extension of the bonds of medical science; and the promotion of all measures adapted to the relief of suffering, the improvement of the health, and the protection of the lives of the community." Some of the original founders of the Society were in attendance. From a few individuals, representing a half-dozen counties, they had witnessed its growth to a membership of nearly eighteen hundred, and its achievements in protecting the public health and elevating the standard of the profession. Nevertheless, charlatanism and superstition still prevail almost unchecked, and men and women daily sin against the laws of health. He advocated the enforcement of sanitary laws and the diffusion of knowledge in order to prepare the minds of the people for more enlightened legislation upon these great subjects connected with State medicine.

Among the hygienic problems of the future none is more important than the disposition of the dead. The solution is given in the single word "cremation." By committing all refuse animal matter to the fire much would be done to lessen the dangers and ills of the human race. Within the domain of State Medicine the abuse of alcohol is also comprehended. If the question of how to restore the inebriate to a condition of mental, moral, and physical health were answered, crime would be diminished from sixty to eighty per cent, and the expenses of the Commonwealth largely reduced. The subject is one which has not received sufficient attention at the hands of medical men. He did not propose to elaborate a treatment, but simply to suggest the subject as one worthy the attention of those able and experienced men who make mental diseases a study.

Among the boons which the science of medicine had conferred upon the human race, none was greater than the practice of vaccination. Yet even here the fashion of the day had made its changes. During the past ten years humanized virus had been driven nearly out of use and almost entirely supplanted by the presumably purer and more potent animal virus. But unless greater care is exercised in the production and preservation of this favorite virus, and intelligent inspection and jurisdiction exercised over all vaccine farms, the time is not far distant when the advocates of exclusively animal vaccination will see their "vaccine boom" share the fate of numerous other medical theories which have had a brief existence. He gave some details

of his own experience, and expressed the belief that the humanized virus was more certain in its effects and less liable to produce unpleasant results than the bovine lymph.

In respect to education, he said that the importance of establishing a chair of State Medicine and Hygiene should be urged upon all medical schools, and attendance at lectures on the subject made obligatory. The schools should also be influenced to insist upon not less than three full years of attendance at medical lectures before granting a diploma. He also urged that measures should be taken for the prompter publication of the proceedings of the Society.

In reference to the "Code of Ethics," he said,—

"The action of the medical society of a neighboring State, in throwing down the barriers which had been so long maintained between the science of medicine and legalized dogmatism, received from you at your last session an expression of unanimous disapproval. The renewal of this action by the same society, together with their refusal to appoint delegates to the National Association, renders it necessary that you should again express your reprobation at their persistence in wrong-doing, in language that cannot be misunderstood."

Addressing himself to those members of the audience who were not members of the medical profession, he explained that the meetings of the Society had for their object the devising of the best measures that science and thought could contrive to protect and relieve the people from disease. Young men should be discouraged from beginning the study of medicine until they have undergone such careful preparation in the classics and natural sciences as would fit them to understand and master thoroughly the technicalities of its art and science. They should be urged to master their profession, and discouraged from all desire for hastily-obtained diplomas. The public could also further the objects of the Society by supporting all legislation having for its object the arrest of the spread of contagious diseases, the purification of the source of water-supply, the abatement of nuisances prejudicial to health, the sanitary inspection and control of school-houses and buildings of public accommodation and support, and the care and cure of those who by misfortune or disease had become the wards of the people. He urged the establishment of chairs in colleges of tried and deserved reputation, in preference to the founding of new colleges.

In conclusion, he spoke of physicians as divided into two classes, those who made a specialty of the science of medicine, and those who made a specialty of the art of healing. At the present moment the advance of the scientific investigator is perhaps the more rapid. Outside of the surgical branch of the profession, which is making wonder-

ful progress, the microscopist, the chemist, and the physiologist are probably making the most marked impression upon the medical thought of the age. They are accumulating material with such rapidity that the others can scarcely sift and test it; the equilibrium, however, will not be long displaced, and meanwhile, he continued, let it be our aim each in his chosen field so to do his individual part to advance and sustain the noble science of medicine, that those who come after us will look upon our work with gratitude and reverence, as that of men who did their duty to the profession and who lightened the labors and cares of their successors.

SCIENTIFIC PAPERS.

The Wearing out of Vaccine Protection, and the Efficiency of Revaccination, by Dr. William M. Welch, Physician to the Municipal Hospital, Philadelphia, was a communication of which the character and scope are well expressed by its title. The statistics of small-pox hospitals show that a large number of cases occur in persons who have been vaccinated in early life, the maximum number occurring shortly after puberty. He had seen smallpox occur in patients presenting more than twenty typical vaccine marks, and he had known death to occur when as many as twelve such marks were present. He believes that vaccinia loses its protective power by long transmission through human subjects; humanized virus is more or less deteriorated virus. He urged revaccination with good animal lymph at puberty, as affording the best protection.

Malarial Hæmaturia, by Dr. James Tyson, was given as the Address in Medicine, based upon seven cases seen in the Middle States, but giving in the systematic study of the disorder a brief reference to the malignant form as it occurs in the Southern States, in the malarial regions. The disorder generally occurs in men, is traceable to malarial exposure, and is characterized by the paroxysmal or continuous discharge of bloody urine, which may or may not contain blood-corpuscles, and may or may not be ushered in by chills. Hæmatogenic jaundice may appear, followed by fever and collapse. The treatment is by quinine aided by mercurials. Carbolic acid and morphia may be required to relieve the vomiting. Stimulants are usually needed; turpentine has been tried, and with asserted good results.

Some Obstetrical Notes were read by Dr. R. L. Sibbett, of Carlisle, based upon the statistics of one hundred consecutive cases of confinement. It was offered as a contribution to the literature, and in the hope that others might communicate their experience, and that ultimately sufficient cases would be reported to draw some definite and useful conclusions as to treatment.

Artificial Alimentation of Infants was the

subject of a lecture by Dr. Hugh Hamilton, of Harrisburg. He studied the chemistry and physiology of infants' diet, and condemned much of the food given as unsuitable. He recommended good cow's milk, with a small proportion of cream and milk sugar added; if not distinctly alkaline, sodium bicarbonate should be dissolved in it, and the solution heated to 131° F. before feeding.

Insane Asylums in some of their Relations to the Community, by Dr. R. N. Chase, of Norristown, was an able discussion of some of the topics of the day in connection with insane hospitals. He utterly rejected the popular delusion that persons of sound mind are frequently sent to institutions for the insane and detained through sinister motives. Among three thousand patients coming under his personal charge, he had not encountered a single instance of improper confinement.

Simple Methods of Treatment of Club-Foot was the subject of a demonstrative address by Dr. De Forrest Willard, of Philadelphia. He insisted especially upon early treatment by manipulation, which will often cure the case before it gets old enough to have tenotomy performed. Treatment begins on the day after birth, by moulding and stretching the foot by the mother or nurse. The action of the hand may be supplemented by a cheap apparatus consisting of bracelets of printer's blanket, between one and two inches wide, placed one just below the knee, the other on the foot near the extremity. These two are to be connected by a rubber strap just strong enough to keep up a slight traction in opposition to the contracted muscles, and in the direction of the weaker group of muscles. Other material, gutta-percha, sole-leather, or cloth, may be substituted for the "blanket."

The Address on Surgery, by Dr. A. Craig, of Columbia, contained a review of some recent operative procedures, and especially considered conservative surgery, the treatment of fractures, the proper methods of administration of anæsthetics, and the treatment of accidents during anæsthesia.

Some Remarks on Scarlet Fever, by Dr. E. O. Bardwell, of Emporium, was read by title only.

A Deformity that sometimes follows Outward Dislocation of the Foot was brought to the attention of the Society by Dr. E. A. Wood, of Pittsburg. Cases of sprain or contusion are sometimes followed by enlargement of the lower end of the tibia and widening of the inter-malleolar space, so that the foot rocks outward in the condition of talipes valgus. This is also associated with laceration or destruction of the internal lateral ligaments. The use of permanent dressings continued for a year or more was recommended.

A Contribution to the Study of Typhlitis and Perityphlitis was read by Dr. William Pepper, of Philadelphia. He considered briefly the pathology and diagnosis of this disorder, but

dwelt particularly upon the need of careful treatment, especially absolute rest and a carefully-restricted diet until convalescence is established, on account of the liability to relapse. He was convinced that cases of typhilitis can safely be trusted without the use of laxatives for several days, and that much harm has often been done by the use of even mild laxatives. This class of cases is more of a surgical than medical character. The time for performing the operation cannot be definitely stated; but if after eight or ten days signs of inflammation become apparent, an incision may be made into the abscess. He gave a description of the symptoms and treatment of several cases which had been under treatment.

The Thorough Removal of Cancer of the Breast was advocated by Dr. S. W. Gross, and several cases were exhibited showing the good results of this precaution. In one the operation had been performed nearly five years ago, and the cicatrix is still smooth and soft. In the paper he advocated the amputation of the entire breast, with its superjacent skin and fat, no matter how small the growth may be or how sound the skin may appear, along with the removal of the fascia of the pectoral muscle, and opening the axilla, with a view to cleaning it out if the glands are found to be invaded by the disease. This mode of operating is indicated, because the remains of the breast, the fat, skin, pectoral fascia, and axillary glands, are the seats of recurrence, or rather of the continuous growth of portions of diseased structures which are left behind in the operations as usually performed. For these reasons the operation which he suggests is alone adequate to effect riddance of the tissues in which reproduction takes place.

The Treatment of Purulent Pleural Effusions, by Dr. James C. Wilson, urged the establishment of a thoracic fistule as early as possible, to allow of free drainage of the cavity, which is to be washed with an antiseptic solution, preferably of bichloride of mercury (1-5000). A patient was exhibited showing the method of treatment.

The Medical Service of Insane Hospitals was considered in a paper by Dr. Charles K. Mills, of Philadelphia, in which he discussed the necessity of the individual investigation of patients in such hospitals, the importance of a larger resident staff, the advisability of having a competent consulting board and a pathologist and microscopist, and similar matters. Some of the suggestions and provisions reported by Governor Hoyt's commission to examine into the present system for the care of the insane in the State were commented upon, some being advocated, others criticised.

The Address on Obstetrics, by Dr. George O. Moody, of Titusville, was an able and comprehensive address upon a number of topics connected with midwifery, particularly abor-

tions (advocating early and complete evacuation of uterus); forceps (advising caution, but not delay, when their use is necessary); puerperal convulsions (preferring chloral and potassium bromide to venesection); support of perineum to prevent laceration (with the use of opium or anæsthetics in appropriate cases); extra-uterine pregnancy (advising electricity, or, if rupture and hemorrhage occur, laparotomy and ligation of the placental base before removal; at full term of abdominal pregnancy delivery may be accomplished in the same way; if foetus is dead, it is left to nature, unless accidents arise demanding interference); oxytocics (commending hypodermic use of a new alkaloid of ergot); laceration of cervix, post-partum hemorrhage, placenta prævia, and antiseptic midwifery.

The Address on Hygiene, by Dr. Henry Leffmann, was an exceptionally good address upon topics affecting the general health. He said that temperance and fresh air are the best agents to enable the organism to resist disease. The proper way to dispose of dead bodies is by cremation. The modern inventions for disinfecting purposes are worth little. They are gotten up by inexperienced and unscientific men for speculative purposes, and are worth really only a small fraction of the amount of money demanded for them. The dread of a draught and the dangers arising from it are more imaginary than real. A cold is often caught from too close confinement rather than from exposure. The lowering of a window in a bedroom was advocated. It is better by far to do this than to sleep in a poorly-ventilated room. In the German army, during a pestilence the patients who were treated in the open air did much better than those who were attended to within-doors. The notion that night-air is detrimental to health is false and mischievous. The only chance that many working-people have to get any exercise in the air is after the day's work is over.

Our Asylums and Insane was discussed by Dr. Samuel Ayres, of Pittsburg. He said that of late much dissatisfaction was expressed through the daily press with the management of asylums. He did not deny that ground for this existed; he thought that it was only too true in many instances. The superintendent of an asylum should be a man of humane and scientific character, who should give his whole time to the medical care of his patients. The attendants ought to be persons of unexceptionable character, and they should never be allowed to be inconsiderate or cruel to those under their charge. The superintendent, through his neglect of duty, or by reason of conflicting duties, is often to blame for cruelties which could be avoided by judicious management. The practice of establishing consulting boards is a good idea. Each hospital for the insane should have a staff of consultants, consisting of one gynaecol-

ogist, one general practitioner, one surgeon, and two specialists in nervous disorders, constituting a consulting board of five members. They should meet at least once a week, not for the purpose of mere dress-parade and to sign rosy reports, but to work and become better acquainted with the diseases of those who are committed to their care. Overcrowding insane asylums is too much practised, and should not be tolerated. Putting five or six insane persons in one room is a dangerous thing, and it is a great wonder that we do not hear of more homicides. A little more zeal among resident physicians in our asylums would be a good thing; and there should be a greater proportion of physicians to patients. Instead of having one physician to three hundred or more patients, there should be two or three.

Surgical Expedients in Emergencies was the subject of a paper by Dr. R. J. Levis. He showed a catheter made of a piece of wire doubled upon itself and properly curved; also a female catheter of rye straw tipped with sealing-wax, with a fenestra cut in the side; a method of plugging the nares with sponge; treatment of fractures, hemorrhage, etc. The expedients were many of them very ingenious and excited much applause.

Ophthalmological Observations during Ten Years' Service in Wills Eye Hospital, by Dr. P. D. Keyser, contained an analysis of over two thousand cases, with the clinical notes of some of the more important and interesting.

Remarks on the Cure of Rodent Ulcer, with a Presentation of Cases, by Dr. Joseph Hearn, was a practical demonstration of the value of excision, or cauterization with caustic potassa.

The Hair, its Use and Care, was the title of a paper by Dr. J. A. Shoemaker, who discussed the physiology and hygiene of this important subject.

The Diagnosis, Prognosis, and Treatment of Mitral Constriction was systematically presented by Dr. J. T. Eskridge, of Philadelphia.

Lithæmia was considered by Dr. James B. Walker, of Philadelphia, and its nervous symptoms especially dwelt upon. Lithia salts, Vichy water, and a vegetable diet were recommended. For the nervous symptoms bromide of potassium was considered preferable to opium or its salts.

Clinical Notes on Convallaria Majalis, by Dr. Edward T. Bruen, of Philadelphia, contained the notes of a number of cases of the several forms of heart-affection treated by this agent. It is pronounced to be a valuable heart tonic, slowing, regulating, and strengthening the cardiac contractions. No effect was observed directly upon the dyspnoea. It was given in doses of fifteen to twenty drops of the fluid extract, and was most useful in cases of mitral regurgitation.

The Possibility of Abnormal Ocular Conditions, through the Sympathetic System, impairing the Functions of the Uterus, was brought

out in a communication by Dr. William S. Little, of Philadelphia, and several curious cases reported in confirmation.

The Hygienic Management of Consumption, by Dr. J. M. Anders, of Philadelphia, advocated the cultivation of house-plants, especially thin-leaved foliage varieties. The necessary exposure to sunlight, and the modifying of the local climatic condition by the growing plants, was shown to have a very favorable influence upon consumptives. From inquiry among horticulturists, it was ascertained that phthisis is rare among laborers in hot-houses; and a strong hereditary tendency may be overcome by engaging in this occupation.

BUSINESS.

An address of welcome was delivered by Dr. Hiram Corson at the opening of the session, on behalf of the Montgomery County Medical Society.

A report of the committee on a State Board of Health was read by Dr. Benj. Lee, chairman. He stated that the committee, warned by previous failures, had taken pains that the bill presented to the Legislature should be as free as possible from all objectionable features. It was made as brief as was consistent, its provisions were made as far as possible general, rather than specific, and the amount of expenditures which it proposed was ridiculously small in comparison with the grandeur of the ends to be attained. The bill was introduced into both branches of the Legislature, and the committee held personal interviews with several members of the Senate and House of Representatives. They demonstrated the advantage it would be to the commonwealth, and did everything in their power to have it passed. The measure was rapidly making friends in both houses, when an amendment was offered proposing to recognize by name, and to make it obligatory on the Governor to appoint upon the Board, the adherents of an exclusive dogma in medicine. This was met with opposition by the medical members of the Legislature, and the bill, after being subjected to a number of amendments, was finally lost. No previous bill on this subject had received so much attention, or been so fully discussed. The committee feel confident that the seed thus sown will eventually bear fruit. The report was closed by an appeal to the members of the Society, and of the editorial fraternity, to urge the necessity of a central sanitary supervision in this State, and of the saving of health, life, and wealth which would be effected by it. If this were done, there can be no reasonable doubt that success would crown the long-continued efforts of the Society.

The report of the committee was received, and the committee discharged.

A lengthy report from the delegation to the American Medical Association, which met at St. Paul, Minnesota, last June, was read.

The Committee of Arrangements presented the programme as its report. On motion, the report was accepted.

Dr. Mark Nardyz was invited to a seat on the floor.

Dr. J. G. Lee, the corresponding secretary, reported the receipt of a letter from the Chester County Medical Society, giving a schedule of the studies in which a person was obliged to be examined before being admitted as a student of medicine.

Dr. Benjamin Lee, of Philadelphia, stated that the Philadelphia Medical Society, the custodian of the library of the Pennsylvania State Medical Society, experienced great difficulty now in procuring a place for the rapidly-accumulating collection of books. He moved that the correspondents of the library be authorized to procure a room in which to store the books. A motion was adopted to refer the matter to a committee consisting of the librarian of the Philadelphia County Medical Society and the treasurer of the State Medical Society.

The Committee on Publication reported that it had seventeen hundred copies of the Transactions of 1882 printed, and that of this number all had been distributed with the exception of forty-six volumes.

Dr. O. H. Allis, chairman of the special committee, read the schedule of subjects for preliminary medical examination.

On motion, this committee was directed to confer with the nominating committee, which had just reported, to devise some plan whereby a regular schedule for the preliminary examination of medical students may be adopted, so as to prevail in the County Societies throughout the entire State.

The reports of the County Medical Societies were received and referred to the Publication Committee.

The following, which was presented by Dr. Mills at the last meeting, was adopted:

"*Resolved*, That Rule IX. of the Rules of Order be amended so as to allow a suspension of the rules by a two-thirds vote of the members present."

Dr. William Marshall, of the Delaware State Medical Society, was introduced, and took a seat on the platform.

A bill of \$41.46 from the Committee on the State Board of Health was presented, and an order passed for its payment.

Dr. Henry H. Smith, formerly of the University of Pennsylvania, offered the following resolutions, which were unanimously adopted after a brief discussion:

"*Resolved*, That the State Medical Society of Pennsylvania reaffirms its approval of and adhesion to the Code of Ethics adopted by the American Medical Association.

"*Resolved*, That organized opposition by local societies or by individual members to the code approved by the Medical Association of the United States is rebellion against

the constituted authorities, and should be so treated.

"*Resolved*, That the secretary be instructed to forward a copy of these resolutions to the Committee of Arrangements at Cleveland, for presentation to the Association."

Dr. Benjamin Lee exhibited two forms of pen-holders to assist persons suffering with writer's cramp, one having a large ball to hold in the palm of the hand, the other having a series of rings, into which all the fingers are to be introduced.

On the second day Dr. Hiram Corson presented a communication from the Anti-Vivisection Society, which was on motion referred to a committee consisting of Drs. S. Weir Mitchell, H. C. Wood, E. A. Wood, and Wm. S. Little.

On motion of Dr. W. W. Keen, the Legislature of Pennsylvania was urged to pass the Anatomy Act.

On motion of Prof. S. D. Gross, resolutions were adopted directing the secretary to appeal to Congress in behalf of the Medical Library of the Surgeon-General's for its maintenance, and especially for the construction of a fire-proof building. He subsequently offered another resolution, calling upon County Societies to take steps for the proper education of nurses.

The treasurer announced a balance on hand of \$2363.84.

The following amendment, proposed by the Philadelphia County Medical Society, was received:

"*Resolved*, That no documents be presented before the State Society that have not been read before a County Society and been recommended by said County Society."

This amendment to the by-laws lies over for one year.

Resolutions of respect were entered upon the minutes with reference to the death of Dr. David Shrack.

After considerable discussion, the Society adopted the schedule of subjects for preliminary examination proposed by the committee. Hereafter, students, before engaging with a preceptor, will be required to pass an examination before the County Medical Examining Board, as follows: 1, candidate's previous course of study; 2, an essay; 3, an essay written from dictation; 4, spelling, oral and written; 5, reading; 6, geography; 7, political economy; 8, history, ancient and modern; 9, geology; 10, botany; 11, chemistry; 12, natural philosophy; 13, mathematics:—arithmetic, complete; algebra, through quadratic equations; geometry, through plane geometry; 14, languages, English, Latin, and Greek, the quantity of the latter to be at the discretion of the Examining Board.

Upon motion, copies of this schedule of the Pennsylvania State Medical Society were directed to be sent to each and every member of county medical societies in this State.

A communication from the West Philadelphia Medical Society in support of the American Code of Ethics was directed to be entered upon the minutes.

The chairman of the Committee on Medical Legislation presented a report, and requested that the committee be discharged. The report was received and the committee discharged.

Dr. Benjamin Lee offered a series of resolutions, which were adopted, expressive of confidence of the profession in the ability and devotion of the medical officers of hospitals for the insane, and calling upon the Legislature for sufficient appropriations to increase the efficiency of the medical service.

In conformity with a resolution of Dr. John Curwen, the President of the Society was requested to appoint a committee of three members on each of the following subjects: medicine, surgery, diseases of women and children, insanity and idiocy, and ophthalmology. The duty of the committees shall be to prepare a series of questions calculated to obtain the history and treatment of the different forms of disease. The President named the following

STANDING COMMITTEES FOR 1884.

Insanity and Idiocy.—John Curwen, J. N. Kerlin, S. S. Schultze.

Medicine.—James Tyson, C. K. Mills, A. H. Chase.

Surgery.—R. J. Levis, S. M. Ross, James McCann.

Diseases of Women and Children.—A. H. Smith, William Goodell, C. A. Rahter.

Ophthalmology.—C. S. Turnbull, P. D. Keyser, J. A. Lippincott.

Nervous Diseases.—S. Weir Mitchell, J. S. Stewart, J. Z. Zeigler.

TO DELIVER ADDRESSES NEXT YEAR.

On Medicine. M. H. Daly, Pittsburg.

Surgery. John B. Roberts, Philadelphia.

Obstetrics. Jacob Price, West Chester.

Hygiene and State Medicine. J. G. Lee, Philadelphia.

Mental Disorders. Alice Bennett, Norristown.

Ophthalmology. W. S. Little, Philadelphia.

OFFICERS FOR 1883.

The following officers were chosen for the ensuing year:

President.—Henry H. Smith, of Philadelphia.

Vice-Presidents.—Ellis Phillips, of Schuylkill Haven; H. B. Van Valzah, of Clearfield; J. W. Kerr, of York; S. S. Schultze, of Danville.

Permanent Secretary.—William B. Atkinson, of Philadelphia.

Recording Secretary.—Morris S. French, of Philadelphia.

Treasurer.—Benjamin Lee, of Philadelphia.

Corresponding Secretary.—John G. Lee, of Philadelphia.

Additional Members of Committee of Publication.—Hugh Hamilton, of Harrisburg; James Tyson and C. S. Turnbull, of Philadelphia.

Judicial Council.—A. Rothrock, of McVeytown; G. O. Moody, of Titusville; and William Pepper, of Philadelphia.

Philadelphia was fixed as the place of meeting next year, and Dr. John B. Roberts was appointed chairman of the Committee of Arrangements.

Delegates to the American Medical Association.—S. R. Rutledge, of Blairsville; J. L. Stewart, of Erie; R. A. Campbell, of Lewistown; George F. Horton, of Terrytown; W. S. Roland, of York; J. W. C. O'Neal, of Gettysburg; R. Rothrock, of Middleburg; R. L. McCurdy, of Freeport; W. T. Bishop, of Harrisburg; David Englemann, of Easton; E. A. Wood, T. J. Gallagher, and John Semple, of Pittsburg; J. Willis Houston, of Oxford; Thomas Lyon, of Williamsport; J. T. Shepler, of Dunbar; Oscar H. Allis and H. St. Clair Ash, of Philadelphia; H. W. McReynolds, of Bloomsburg; J. W. Tweedle, of Weatherly; J. C. Sheridan, of Cambria; C. Leuker, of Schuylkill; R. H. Chase, of Norristown; Harvey Kratz, of Hilltown.

Delegates to the Delaware State Medical Society.—Henry Price, of Kennett Square; W. G. Porter, J. C. Wilson, L. K. Baldwin, and J. A. McFerran, of Philadelphia.

Delegates to the Massachusetts State Medical Society.—E. P. Allen, of Athens; P. B. Breining, of Bethlehem; Alice Bennett, of Norristown; G. K. Halberstadt, of Pottsville.

Delegates to the Medical and Chirurgical Faculty of Maryland.—Hugh Hamilton, of Harrisburg; C. F. Spauler, of York; Edward Jackson, of West Chester; E. T. Bruen, of Philadelphia; R. S. Seiss, of Littlestown; F. P. Henry, of Philadelphia.

Delegates to the Ohio State Medical Society.—C. B. Kibler, of Coney; J. G. Cunningham, of Kittanning; Charles T. Hunter, of Philadelphia.

Delegates to the New Jersey State Medical Society.—Thomas D. Dunn, of West Chester; H. H. Whitcomb and E. M. Corson, of Norristown; Henry Leffmann, J. T. Eskridge, and Joseph Hearn, of Philadelphia; G. D. Nutt, of Williamsport.

Delegates to the West Virginia State Medical Society.—George Stiles, Conshohocken; W. J. Asdale, Pittsburg; Charles S. Turnbull, Philadelphia; Frank Ehrenfield, of Indiana.

After the installation of new officers, and the usual votes of thanks to entertainers, the Society adjourned to meet May 13, 1884, in Philadelphia.

NEW YORK COUNTY MEDICAL SOCIETY.

A STATED meeting was held April 23, 1883, DAVID WEBSTER, M.D., President, in the chair. The scientific paper of the evening was read by Dr. D. B. ST. JOHN ROOSA, and was entitled "*The Effect of Noise upon Healthy and Diseased Ears.*"

The author first referred to the work of Willis, published over two hundred years ago, in which reference was made to the fact that certain persons could hear better in a noise than in quiet, the explanation of which was supposed to be due to greater tension placed upon the drum-membrane. Similar observations had been made since his time, and had led to the adoption of the term "paracusis Willisiana." Willis's explanation of the phenomenon, however, had by no means been universally accepted; nor, indeed, had his observation of clinical facts. Kramer, and others, attributed the ability to hear better in a noise to a torpid state of the acoustic nerve, while Burnett, of our own country, considered it as a symptom of the later stages of chronic middle-ear disease. Trötsch believed that hearing better in a noise was not common; Dr. Roosa's experience, however, had proved that it was of frequent occurrence. Holt, of Maine, in an article read before the last meeting of the American Ophthalmological Society, doubted the correctness of observations in this direction, and did not believe that the hearing was ever improved in noise. Politzer had no doubt as to the existence of such cases, and confirmed the author's observations in this direction, published some years ago in the first edition, and in subsequent editions, of his book. The author had related the results of his personal observations in this direction, and had mentioned cases where, beyond a doubt, the patient was able in the din and noise of a railway-train to hear better than in the quiet of the home. At this point he stated that the reason why the observation had related specially to persons with chronic middle-ear disease was the fact that persons with disease of this portion of the ear in the acute stage were not likely to be found about railway-trains and other noisy places; but that they were equally able to hear better in a noise he had no doubt. The author had observed some cases in which the drum-membrane was found perforated, yet the patients were able to hear better in a noise; and this fact disposed at once of the theoretical explanation of the phenomenon as advanced by Willis. The author believed that the phenomenon occurred only in cases of middle-ear disease: he had never known a case in which the acoustic nerve was affected and the patient was better able to hear in a noise. Politzer's explanation, that the ossicles of the ear were excited into abnormal action, seemed to him to be the only one, however difficult it might be perfectly to understand, which was not invalidated by clinical facts.

Dr. Roosa then referred to some illustrative cases, in which the patient suffering from middle-ear disease was better able to hear in a noise. A young man, while a student at college, accidentally learned that he could hear much better while riding in a carriage or on a railway-train, and could understand without difficulty what his companions said when they spoke in an ordinary tone of voice, whereas in the quiet of the home he could hear only when the voice was raised to a very high pitch. A lawyer, finding that deafness interfered with his professional duties, left that pursuit and accepted a position on a railway-train, where, in the midst of the noise, he could hear ordinary conversation distinctly. Both patients suffered from middle-ear disease. These cases were so numerous that to record them simply filled up the physician's case-book; they existed by the thousand, and he regarded it as unnecessary to give any particular number which had been observed.

The foregoing facts would naturally lead us to suppose that hearing better in a noise would equally apply to persons who work in noisy places, as to boiler-makers, etc.; and the author himself, when he first published his observations upon hearing better in a noise, was led to this theoretical inference, and had made a statement to that effect, and thereby placed himself among those who had added confusion to the subject. Had he limited his remarks strictly to observed facts, they would have been in every respect correct. Observations since made had gone to prove that boiler-makers, and others working at a noisy occupation, did not hear better in a noise, and, in fact, found relief in quiet. Dr. Holt's observations led to this conclusion, which was further confirmed by those of Dr. Roosa made since Dr. Holt published his paper. Dr. Holt was inclined to attribute the impairment of hearing in this class of persons to disease of the middle ear, which, however, Dr. Roosa did not believe existed in them more commonly than in those engaged in other occupations. That is to say, he did not believe that their occupation had any particular tendency to produce disease of the middle ear. But the very fact that they did not hear better in a noise was incidental proof that they suffered from a lesion of the labyrinth; and such he had found to be the fact. Those whom he had examined engaged in this occupation were often so sensitive to the noise made by the hammer that it sent a shock throughout their entire nervous system, and they were so far from being able to hear better in the noise that they had invented a large number of signs, made with the hand, in communicating with one another. But that persons suffering from disease of the middle ear, and better able to hear in the noise of a railway-train, were equally better able to hear in the noise of a boiler-maker's shop, was proved by observations which he had made upon such

patients. A lady in a manufacturing town in Pennsylvania, deaf from middle-ear disease, at his request visited a boiler-maker's shop with her husband, and found that she could hear conversation there in an ordinary tone of voice, while her husband could scarcely hear when screamed to. She concluded her letter by saying that she thought railway-trains and boiler-makers' shops should be her home.

Dr. Roosa then illustrated with the black-board the method of diagnosing between disease of the middle ear and of the acoustic nerve by the use of the tuning-fork, and stated that where the tuning-fork could be heard better through the air than through the bones of the head it was indicative of disease of the labyrinth or acoustic nerve. He believed that this method of differential diagnosis was an important and a trustworthy one, and upon it largely depended the inferences drawn in this paper. He had seen boiler-makers who suffered from so-called boiler-maker's deafness, who had impaction of wax in the ears, and before its removal they were better able to hear the tuning-fork through the bones of the head, whereas after its removal the tuning-fork was heard better through the air.

DISCUSSION.

Dr. KNAPP, being requested to open the discussion, said that the value of the paper rested largely upon experimentation and observation, which it would be necessary to repeat in order to discuss it intelligently.

Dr. BRANDEIS said that the experiments which he had made had led him pretty much to the same conclusions that Dr. Roosa had arrived at. He was present when Dr. Holt read the paper to which reference had been made, and he ventured at the time to take issue with Dr. H., believing that in the majority of cases of boiler-maker's deafness the disease was not one of the internal (?) ear, but was due to a catarrhal affection of the nasopharynx, which extended to the middle ear or the tympanic cavity through the Eustachian tube; that the impairment of hearing was due not so much to the irritating effect upon or impairment of the integrity of the nerve, as to ankylosis of the ossicles or occlusion of the Eustachian tube. He had examined a number of boiler-makers since then, and had found great difficulty in determining exactly the amount of impairment due to disease or irritation of the auditory nerve, and of the conducting apparatus, for in every one of the cases which he had observed there happened to be naso-pharyngeal and Eustachian catarrh. Indeed, he believed that in many of the cases this catarrhal condition was the principal factor in the deafness. He had also observed that many of these patients, as Dr. Roosa had stated, could hear better with the mouth open; and he had therefore advised

them to wear respirators, in order to guard against changes of atmospheric temperature, and at the same time to prevent the entrance of foreign bodies which would tend to keep up a pharyngitis. He had also advised the wearing of ordinary lappets over the ears, instead of introducing cotton, which these men generally packed in too tightly, interfering with the blood-supply, and creating irritation; or, put in too loosely, it allowed of the contact of particles of iron dust, which might lodge in it, with the walls of the auditory canal. In connection with these experiments, he had also observed that among musicians, especially violinists, there was often partial deafness, more frequently in the left ear, and this fact he was inclined to attribute to the custom of holding the violin in proximity to that ear. He had not found that desisting from musical practice and resting the acoustic nerve was followed by any improvement in hearing, and he was disposed to think that it was not alone the internal ear or the auditory nerve that was diseased, but that there was also a simultaneous affection of the middle ear, of the tympanic cavity, and the ossicles, causing some change in the arterial and venous supply of these parts.

Dr. POMEROY said that the question of coming to an exact conclusion as to the nature of the affection present turned upon the evidence of a correct diagnosis. Unlike Dr. Roosa, he said, he was inclined to place great stress upon the observations of Dr. Holt, already referred to. From those observations, and others, there seemed to be no question as to the existence of middle-ear disease in a very large number of cases of boiler-maker's deafness. The appearance of the membrana tympani, he believed, would generally bear us out in that position. It was in many cases peculiarly opaque, showing signs of a long-continued low grade of infiltration with a certain amount of proliferation. Moreover, all these men who were thrown into the category of boiler-maker's deafness were peculiarly exposed to catarrhal influences, and, what was more, catarrh was present in a very large number of cases. Most observers had found that in the earlier stages of boiler-maker's deafness the tuning-fork was heard better in the affected ear than in the other. Dr. Pomeroy believed that the affection began as one of the middle ear and travelled to the labyrinth. It was well known that middle-ear trouble could not continue beyond a certain length of time without the labyrinth becoming involved. He thought that the tuning-fork test must be accepted with great allowance. The statement that if a patient could hear the tuning-fork better by air-conduction than by bone-conduction it was indicative of disease of the labyrinth, he was sure was not true except in a certain number of cases. He believed that in a majority or a large number of instances patients suffering from middle-

ear disease could hear better in a noise than in the quiet.

Dr. BLAKE agreed with Dr. Roosa that in boiler-maker's deafness the trouble was situated in the internal ear, and, also, that in the majority of cases the middle ear was affected as well with catarrh.

Dr. ANDREWS thought that the locating of the disease in the affections mentioned possessed little value without post-mortem verification, which he believed had not been made. Disease of the middle ear might give all the evidences of disease of the labyrinth, so far as our knowledge at present went, while that part of the hearing apparatus was perfectly normal. He thought that if the drum-membrane were simply pierced, and its margins not destroyed, in the cases mentioned by the author, it would necessarily dispose of the theoretical explanation of hearing better in a noise, offered by Willis.

Dr. ROOSA thanked Drs. Pomeroy and Andrews for their criticisms upon the possibility of diagnosing between disease of the middle and internal ear by means of clinical facts, which he believed he was the first to advocate. With regard to verifying the diagnosis by post-mortem examination, it had often been shown that there was such a thing as disease of the labyrinth, and there were a few cases where a post-mortem examination had been made establishing disease of the labyrinth as previously indicated by the tuning-fork test. Two points had been made in the paper, each of which stood upon evidence distinct from the other. The first was, that there was such a thing as hearing better in a noise by a certain class of patients with ear-trouble. The other related to the differential diagnosis between disease of the middle ear and of the labyrinth or acoustic nerve by the tuning-fork test. He expected these statements to be doubted, and to be even denied, but the point could be settled only by observation and experimentation, which he hoped the paper would have the effect of calling forth. The profession had been disposed to go to one of two extremes in the consideration and treatment of diseases of the ear: at present the tendency was to follow the Germans,—consider every case one of middle-ear disease, and blow it up by Politzer's apparatus. He hoped this paper would have the effect of impressing the profession with the fact that there was such a thing as disease of the acoustic nerve, as cases of incurable ear-trouble, and that the more they were blown up the worse they became; that they should be let alone. With regard to boiler-makers being able to hear the tuning-fork better in the affected ear, he was not aware that other investigators had made and published observations upon this class of patients than Dr. Holt and himself, and he did not know that any such facts had been found. In fact, boiler-makers were affected in both ears. Nor

had he observed any larger proportion of cases of middle-ear trouble in this class of people than in those engaged in other occupations.

REVIEWS AND BOOK NOTICES.

THE DISPENSATORY OF THE UNITED STATES OF AMERICA. By DR. GEORGE B. WOOD and DR. FRANKLIN BACHE. Fifteenth Edition, rearranged, thoroughly revised, and largely rewritten. With Illustrations. By H. C. WOOD, M.D., JOSEPH P. REMINGTON, PH.G., and SAMUEL P. SADTLER, PH.D., F.C.S. Philadelphia, J. B. Lippincott & Co., 1883. 8vo, pp. 1928. Sheep.

For the first time in the history of the Dispensatory of Drs. Wood and Bache—which has now lived for fifty years and reached its fifteenth edition—has the original plan of the late Dr. George B. Wood been carried out, in having three editors, one for each branch of the subject-matter,—pharmacy, chemistry, and therapeutics. Although the original projectors and authors, in the course of nature, have passed away, their work has been taken up by able hands; and the present edition on every page shows the evidence of careful revision. Much of the matter has been entirely rewritten, and some new features have been added which greatly increase the value of the work to both physician and pharmacist. We need not refer to the peculiar features of the United States Dispensatory that have earned for it a distinctive character in the past,—these by this time are so generally understood as not to require discussion,—but will briefly refer to some of the special points in connection with the present edition, which is essentially a commentary upon the sixth annual revision of the Pharmacopœia of the United States, the authority for such comment having been extended by the Committee of Revision and Publication of the National Convention for the Revision of the Pharmacopœia. In addition to the official remedies contained in our National Pharmacopœia, those of the British Pharmacopœia are retained, and also a large number of remedies not at present official, but in greater or less use in medicine. Formerly materia medica and preparations were discussed under separate headings, in conformity with the arrangement in the Pharmacopœia; but, as this has been altered in the recent revision, a corresponding change has been required in the Dispensatory: these two groups, therefore, are simply collated alphabetically, and appear under Part I. The unofficial drugs requiring notice are also alphabetically arranged, and constitute Part II.; while Part III. contains various tables, tests, and test-solutions of the two Pharmacopœias, weights and measures, remarks on prescribing, relative number of drops in similar

quantities of liquids, formulas and molecular weights, alcoholimetric and specific-gravity tables, thermometric equivalents, and, finally, analyses of various mineral-spring waters, including all American springs of known medicinal value and many well-known European mineral waters.

The fourteenth edition appeared six years ago. Since that time great progress has been made in rational therapeutics: consequently the more important articles in the sections relating to Medical Properties and Uses have required rewriting, rather than revision, by the senior editor, who also corrected those upon Botany and Vegetable Materia Medica. The sections upon Pharmaceutical Chemistry have required important changes under the hands of Prof. Remington; while the Pharmacy of the present edition is almost entirely new. The departments of Theoretical Chemistry and Toxicology have received careful attention from Prof. Sadtler, and have been largely reproduced. So that the present edition of the Dispensatory, taken altogether, may be considered as fairly representing the latest solid achievements of chemical science, as well as the present standing of modern pharmacy and therapeutics, with relation to the articles contained in our National Pharmacopœia.

Among the special changes and improvements in the present edition we notice the introduction of a number of original illustrations more especially representing microscopic sections of drugs, showing their structural characteristics; the indication of the correct pronunciation under each official title; the translation of officinal formulæ into parts by weight, and parts by measure in case of fluids; and the numerous changes and additions made necessary in order to make it conform to the text of the Pharmacopœia. In the index are included, for the first time, a large number of German and French synonymes; the index contains over sixteen thousand titles,—nearly five thousand more than in the previous edition. By the introduction of a smaller type in the second part, and economy of space, the work, although considerably enlarged, is still issued in one volume. As we have now the best Pharmacopœia in the world, so the United States Dispensatory, in its present form, may be considered as equally unrivalled in completeness and efficiency.

THE PATHOLOGY AND TREATMENT OF DISEASES OF THE OVARIES. By LAWSON TAIT, F.R.C.S. Edin. and Eng. Fourth Edition, rewritten and greatly enlarged. New York, William Wood & Co., 1883.

The Hastings Essay for 1873 has in this edition grown to fine proportions, showing how truly the author's heart was in the original work, and how successfully time has developed him and it.

As in his earlier writing, the author deploras

the misfortune which has hidden from the innocent and inquiring mind of youth the knowledge of the important functions of reproduction, and believes that by simply telling the life-history of a flower, "teaching a child the functions of the anther, stigma, pollen, ovary, and seed-capsule," letting "him or her see the conjugation of the spirogyra," the child will be armed, after a few hints, "with a knowledge which will do much to prevent mischief, both physical and moral." He would also simplify the terms of science, and use for the organs and functions of man—"a flower of the field"—only botanical terms. Whether this would also tend to morality and virtue is, of course, an unsolved problem; but certainly in these days, when refined and sensitive woman has so frequently a necessity for consulting the male gynæcologist, it might perhaps obviate some modest perplexity if the patient, fully trained in this human botany, could couch her allusions to her parts and symptoms in such flowery and graceful language; or might she not state her case entirely in the language of flowers?

But, meanwhile, the author gives us some excellent chapters on "Anatomy and Physiology of the Ovary" and "Errors of Development in the Ovary and Oviducts." He says, "I know a great deal more than I did three years ago, not only of the pathology but cure of ovarian sufferings," and attributes this increase of knowledge to the influence of Dr. Keith's successes upon the progress of abdominal surgery. He has *seen* more, and consequently knows more. Pathology can be studied far better, he remarks, by looking into the living than into the dead abdomen.

The section upon ovarian diseases is thorough; the cases given are apposite and well told; perhaps the author in treatment deals too exclusively with the operative procedure, but the book is written by a man who believes in operating, and candor must admit that success proves him right.

The chapter on "Ovarian Tumors and Conditions which simulate them" covers the whole field of pathology and diagnosis, but in the latter is especially valuable. The chapter on ovariectomy contains the history of the operation as the author understands it. Throughout the tone is that of one of decided convictions and absolute absence of hesitation in expressing them. Ovariectomy has been many times described in minutest detail, but never more clearly, with more vivid effect, than here. When there is dissent from the methods of others he is outspoken, as in his remarks (page 307) on the ice-cap and Listerism, and in his allusions to Mr. Spencer Wells. He can scarcely mention the clamp with calmness, and, if the clamp had gone and Mr. Baker Brown remained, the mortality of ovariectomy might by this time, we infer, have been nowhere.

Nothing marks the change of a few years

more than noting the way in which the symptoms of peritonitis are regarded by the author. Distention of the abdomen, bilious vomiting, "rarely give him trouble." For the former he uses the rectal tube, for the latter a saline or mercurial purgative; he does not "lock up the bowels."

The author does not often use the drainage-tube. Where Dr. Keith drains he often purges, and he considers the intestines as perhaps a natural outlet for an overflowed peritoneum.

To beginners the sound advice is given not to engage much in abdominal surgery till they have seen a good deal in the practice of some one else. In the very interesting chapter on "Recent Extensions of Abdominal and Pelvic Surgery" the author narrates his excursions into the border-land of ovariectomy. One cannot but note the tone of confidence with which he writes: "So fearless am I now," and "so splendid have been my results in fields . . . which until three years ago seemed hopelessly enclosed;" and he ventures to lay down a surgical law "that in every case of disease in the abdomen or pelvis in which the health is destroyed or life threatened, and in which the condition is not evidently due to malignant disease, an exploration of the cavity should be made."

The author seems troubled for a name to describe his ovarian operations. Battey's operation, oöphorectomy, spaying, castration, are inapt, inelegant, or bear some hidden sarcasm. Oöphorectomy" he calls "a pedantic invention." Driven by his own experience to the Greek, he would ask for salpingotomy or salpingo-oöphorectomy, or "prosthokotomy," "if the pedantry were not ridiculous." "But I do not," he adds, "propose to attempt any reforms or additions to our clumsy nomenclature." He classes his operations, therefore, according to their nature, under "ovariectomy" and "removal of the uterine appendages." There is therefore to be found here one man who has not bowed the knee to the ever-swelling and ridiculous Baal of technical names which ovariectomy has brought upon us.

Of his own course, the comments made and aspersions cast, he speaks freely, and with the same bold and manly tone which marks all that he writes; and surely a man has a right to be proud and express his pride in his successes when they are so notable and so valuable as those of the author.

E. W. W.

TO COVER THE ODOR OF IODOFORM.—Dr. Putz, of Graefrath, has tried all the recommended means for covering the odor of iodoform, and confines himself now exclusively to oil of mirbane or nitro-benzol, all the others having failed in his hands. Six drops of nitro-benzol are used for every gram of iodoform.—*Pharm. Zeit., and New Remedies.*

GLEANINGS FROM EXCHANGES.

TUBERCULAR MENINGITIS SUCCESSFULLY TREATED.—Dr. R. Sauvage reports a case (*New Orleans Med. and Surg. Journal*, April) of a mulatto boy, 14 years old, who presented the symptoms of acute meningitis, the tubercular character of which was rendered extremely probable by the cause of the disease, and the history of antecedent scrofula both in the child and in his mother. The attack came on while the patient was apparently in good health and was very closely applied to his studies at school. There had been no injury to the head. The first symptom noticed was diplopia, which obliged him to close one eye while reading; soon afterwards he complained of lassitude, and had light fever and occasional rigors, which were attributed to excessive study and the influence of malaria. Shortly afterwards he had attacks of severe headache, which became more severe and recurred twice or oftener each day. The paroxysms of pain would last from two to three hours each, and were accompanied by fever, general tremors, and shrieks of pain. The abdomen was arched and retracted, and during the intervals between the spells his hands would grasp the bedding and his face would twitch convulsively. The bowels were constipated. He was irritable and restless, but was not delirious. Vomiting and oscillation of the pupils were prominent symptoms early in the disease. The patient was greatly emaciated. The treatment adopted was blistering the scalp and calves of the legs, and the internal administration of about a quarter grain of iodine daily with ten grains of quinia. Soap enemata were also used as often as necessary. As the patient improved under the treatment, the iodine and quinia were steadily continued for seventy-two days: the fever continued, although less marked, and the headaches now were not so severe, and occurred once or twice a week; cod-liver oil was now added, being used by inunction, and the patient progressed to complete recovery without the slightest impairment of his cerebral functions. Although Trousseau denied the possibility of recovery from tubercular meningitis, Dr. Sauvage believes that cases can be successfully treated if they come under observation sufficiently early.

SCIATICA AND OTHER SYMPTOMS CAUSED BY AFFECTIONS OF THE GENITO-URINARY TRACT.—Dr. T. S. Dabney reports some interesting cases of reflex affections of genito-urinary origin that show the necessity of bearing their relations in mind in the diagnosis of certain affections.

Case I. was a locomotive-engineer, who was crippled by lumbago and sciatica, and had been the rounds of doctors and medicated baths and was fast becoming addicted to

morphia. He could walk only with the aid of crutches. Dr. Dabney, being consulted, found two urethral strictures, one near the meatus and the other deep-seated. The first one was cut, the second slightly dilated. The patient was at once able to stand up, which he had not done previously for three months, and from that time forward he had no need of crutches. Bougies were passed for ten days, at the expiration of which time the patient again assumed charge of his engine. He had never experienced any difficulty in micturition, and had never had but one attack of gonorrhœa, which dated back twenty years.

Case II. was a two-year old boy, with paraplegia: he could not even crawl. Phimosis, with adherent prepuce, was found to exist; circumcision resulted in complete cure.

Case III. was almost identical, and the result was the same.

Case IV. was a baby which apparently suffered constantly with colic; adherent prepuce was found, and circumcision gave entire relief from the symptoms.

Case V., a boy of three years, with spastic paraplegia of the legs; adherent prepuce, without phimosis, was found. Retraction and oiling led to speedy improvement; ultimate result not known.

Case VI. was a female child, five years old, that apparently had cramps during micturition. Adhesion of the labia minora was found, and a cure followed their separation.

Case VII., a colored boy, about three years old, had presented symptoms of a grave character for about three months. He became morose and irritable; he gradually lost the use of words, until he could only say "yes" and "no." He had a peculiar sidelong gait, never putting one foot in front of another. The patient was bordering on a state of idiocy. Examination showed phimosis and adherent prepuce, with much retained secretion. Circumcision was followed by gradual restoration of faculties, and power of walking. He is now as bright as boys usually are of his age.—*New Orleans Medical and Surgical Journal*, April, 1883.

HERNIA REDUCED BY ELECTRICITY.—Dr. Suprunenko mentions an experience of interest in the *Wratsch* (No. 17, 1882). A right inguinal hernia, strangulated for three hours, had resisted half an hour's taxis. A moderately strong induction current was then tried, the positive electrode being pressed against the tumor, while the negative was applied first against the lumbar vertebræ, afterwards over the umbilicus. The hernia at once began to diminish, and in less than two minutes disappeared entirely. Another case is given in the same journal (No. 40, 1882). An old man of eighty had suffered from a strangulated hernia for twelve hours. Persistent taxis had altogether failed, though Dr. Pergamin kept it up for over two hours.

The induction current was then used for fifteen minutes, the pole being applied to various parts of the tumor, but this also failed. The current being still maintained, he again attempted manipulation, and in two minutes the bowel returned into the abdomen with a gurgling noise.—*Practitioner*.

CONVALLARIA COMPARED WITH DIGITALIS.

—From physiological experiment, Dr. Isaac Ott concludes that the lily of the valley has a decided cardiac action, but that as compared with digitalis the slowing of the heart is due to a different cause: with digitalis it is due to cardio-inhibitory excitation, with convallaria some other part of the heart is the agent. Digitalis, as a rule, does not primarily accelerate the heart; convallaria does. After section of the spinal cord, digitalis is powerless to increase arterial tension, but convallaria does. The action on the heart is probably upon its muscular structure; the rise in arterial tension is due to stimulation of other vaso-motor apparatus than the main monarchical vaso-motor centre. The drug causes clonic spasms. Dr. Ott advises caution in its employment, that it be not pushed to any great extent.—*Archives of Medicine*, February.

AN INQUIRY INTO THE CAUSES OF THE INCREASE OF CANCER.—By Hugh P. Dunn, F.R.C.S. At the end of a long and elaborate thesis on this question, Mr. Dunn concludes—1. That, in the face of incontrovertible facts, cancer is increasing in England. 2. That this increase is due (a) to the success attending the legislative measures and other means for the preservation of the infant population, by which a large proportion of persons reach adult age, and the general healthiness of the community is increased; (b) to the greater prominence which, in the present day, prevails, of the most predisposing causes of the disease,—such as the fecundity of women, the prevalence of high nervous tension, the existence of possibly greater general luxury in the mode of living. 3. That the immunity apparently demonstrated by the records as present in certain counties of England and Wales is presumably, as we have attempted to show, not due to any real declination of the disease, but rather to such causes as can be explained by special local predisposition to other diseases, to which a large proportion of the adult population succumb. 4. That, in consequence of this, if each district of England and Wales were equally healthy, each would probably exhibit a high cancer-mortality. 5. That the geographical area of which England and Wales is composed is insufficient to account directly for interruption in the distribution of cancer as met with in this island.—*British Medical Journal*.

HEMORRHAGE FROM THE LACHRYMAL DUCT DURING EPISTAXIS.—Mr. D. Hoadley Gabb, M.R.C.S., of Hastings, describes the following remarkable case: "Mr. S., aged

50. with mitral disease and albuminuria, sat out one of our recent sunny days, and caught a chill, which culminated in an attack of bronchitis and a relaxed state of the fauces and uvula, producing severe spasmodic cough. During one of these paroxysms, epistaxis, from the right nostril especially, came on rather profusely, and I was sent for. There was no difficulty in arresting it by plugging the anterior nares with dry lint. In two or three hours, after a severe cough, the hemorrhage returned, and a messenger was sent for me, saying the bleeding had come back, and was running out of his nose and eyes; and so I found that the blood had welled up through the right lachrymal duct, and was suffusing his eye, so that he was constantly obliged to wipe it, and the handkerchief was pretty well stained with the blood, and the discharge only ceased when the nose left off. I have never met with the phenomenon before, neither have others to whom I have mentioned it; and so, I think, perhaps it is worth recording."—*British Medical Journal*.

MISCELLANY.

INSANITY IN THE UNITED STATES.—The tenth census gives some interesting and suggestive facts relative to the increase of insanity in this country. The total number of insane in 1870 was estimated at 37,432, as against 91,997 in 1880,—an apparent increase of over 100 per cent. This gives a ratio of one insane person to every 543 of the population,—a much larger estimate than many observers will be willing to admit.

PROFESSOR LASÈQUE died in Paris April 20, of diabetic consumption, in the sixty-eighth year of his age. He was editor of the *Archives de Médecine* for thirty years; but it is in connection with mental diseases that he is best known. He was considered the first of the French alienists.

We are pleased to note an addition to the clinical facilities of Philadelphia, in a Hospital for Skin Diseases, at 923 Locust Street. It offers accommodations for twenty patients, and is said to be very well furnished with bathing-facilities.

FREQUENT micturition, where no special cause appears, is best treated by passing a weak galvanic current from the lumbar region to the region of the bladder.—*British Medical Journal*.

OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY FROM APRIL 28 TO MAY 12, 1883.

BAILY, JOSEPH C., MAJOR AND SURGEON.—To be relieved from duty in the Department of California, and assigned to duty in the Department of Texas. Paragraph 21, S. O. 102, A. G. O., May 3, 1883.

BILLINGS, JOHN S., MAJOR AND SURGEON.—By direction of the Secretary of War, to represent the Medical Department of the Army at the annual meeting of the American Medical Association, to be held at Cleveland, Ohio, June 5, 1883. Paragraph 10, S. O. 105, A. G. O., May 7, 1883.

FORWOOD, WM. H., MAJOR AND SURGEON.—By direction of the Secretary of War, to represent the Medical Department of the Army at the annual meeting of the American Medical Association, to be held at Cleveland, Ohio, June 5, 1883. Paragraph 10, S. O. 105, A. G. O., May 7, 1883.

SMITH, JOS. R., MAJOR AND SURGEON.—By direction of the Secretary of War, to represent the Medical Department of the Army at the annual meeting of the American Medical Association, to be held at Cleveland, Ohio, June 5, 1883. Paragraph 10, S. O. 105, A. G. O., May 7, 1883.

TILTON, HENRY R., MAJOR AND SURGEON.—To be relieved from duty in the Department of the Missouri, and assigned to duty in the Department of the East. Paragraph 13, S. O. 102, A. G. O., May 3, 1883.

BARTHOLOMEW, JOHN H., CAPTAIN AND ASSISTANT-SURGEON.—The extension of leave of absence granted April 3, 1883, further extended four months. Paragraph 8, S. O. 105, A. G. O., May 7, 1883.

BYRNE, CHAS. B., CAPTAIN AND ASSISTANT-SURGEON.—To be relieved from duty in the Department of the South, and assigned to duty in the Department of the Missouri. Paragraph 12, S. O. 102, A. G. O., May 3, 1883.

CRAMPTON, LOUIS W., CAPTAIN AND ASSISTANT-SURGEON.—Now awaiting orders, to proceed without delay to Fort Wayne, Michigan, and report to the commanding officer for duty at that post. Paragraph 2, S. O. 73, Department of the East, April 30, 1883.

PERLEY, HARRY O., CAPTAIN AND ASSISTANT-SURGEON.—To be relieved in the Department of the East, and assigned to duty in the Department of Dakota. Paragraph 14, S. O. 102, A. G. O., May 3, 1883.

SPENCER, WM. G., CAPTAIN AND ASSISTANT-SURGEON.—Now awaiting orders, assigned to duty in the Department of the East. Paragraph 12, S. O. 102, A. G. O., May 3, 1883.

WORTHINGTON, JAS. C., CAPTAIN AND ASSISTANT-SURGEON.—To be relieved from duty in the Department of the East, and assigned to duty in the Department of the Missouri. Paragraph 14, S. O. 102, A. G. O., May 3, 1883.

BIART, VICTOR, FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—To be relieved from duty in the Department of the Missouri, and assigned to duty in the Department of Dakota. Paragraph 13, S. O. 102, A. G. O., May 3, 1883.

MACAULEY, CARTER N. B., FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—To be relieved from duty in the Department of the East, and assigned to duty in the Department of Dakota. Paragraph 12, S. O. 102, A. G. O., May 3, 1883.

STRONG, NORTON, FIRST-LIEUTENANT AND ASSISTANT-SURGEON.—Upon expiration of leave of absence, to be assigned to duty at Fort Thornburgh, Utah. Paragraph 2, S. O. 42, Department of the Platte, April 25, 1883.

LIST OF CHANGES IN THE MEDICAL CORPS OF THE NAVY DURING THE WEEK ENDING MAY 5, 1883.

P. A. Surgeon H. L. LAW detached from the Navy-Yard, League Island, Pennsylvania, on 10th inst., and ordered to the "Yantic."

P. A. Surgeon H. P. HARVEY detached from the "Yantic" on reporting of relief, and ordered to Naval Hospital, Chelsea, Massachusetts.

Surgeon WM. J. SIMON ordered as member of a board at Naval Academy.

P. A. Surgeon W. A. McCLURG detached from the Naval Academy on the 15th inst., and ordered to the "Dale." Assistant-Surgeon OLIVER C. DIEHL detached from the Naval Academy and ordered to the "Constellation."

LIST OF CHANGES IN THE MEDICAL CORPS OF THE NAVY DURING THE WEEK ENDING MAY 12, 1883.

Surgeon F. M. DEARBORNE granted six months' sick-leave. P. A. Surgeon S. A. BROWN's leave extended six months.